

Osler 20

W.G.7

OSLER *contd.*

7664

Vol. II

MS. endorsed 'Univ. of Penna., Introd. 1885—
Not published?', with a note to, and a criticism
by, Miss J. Osler.

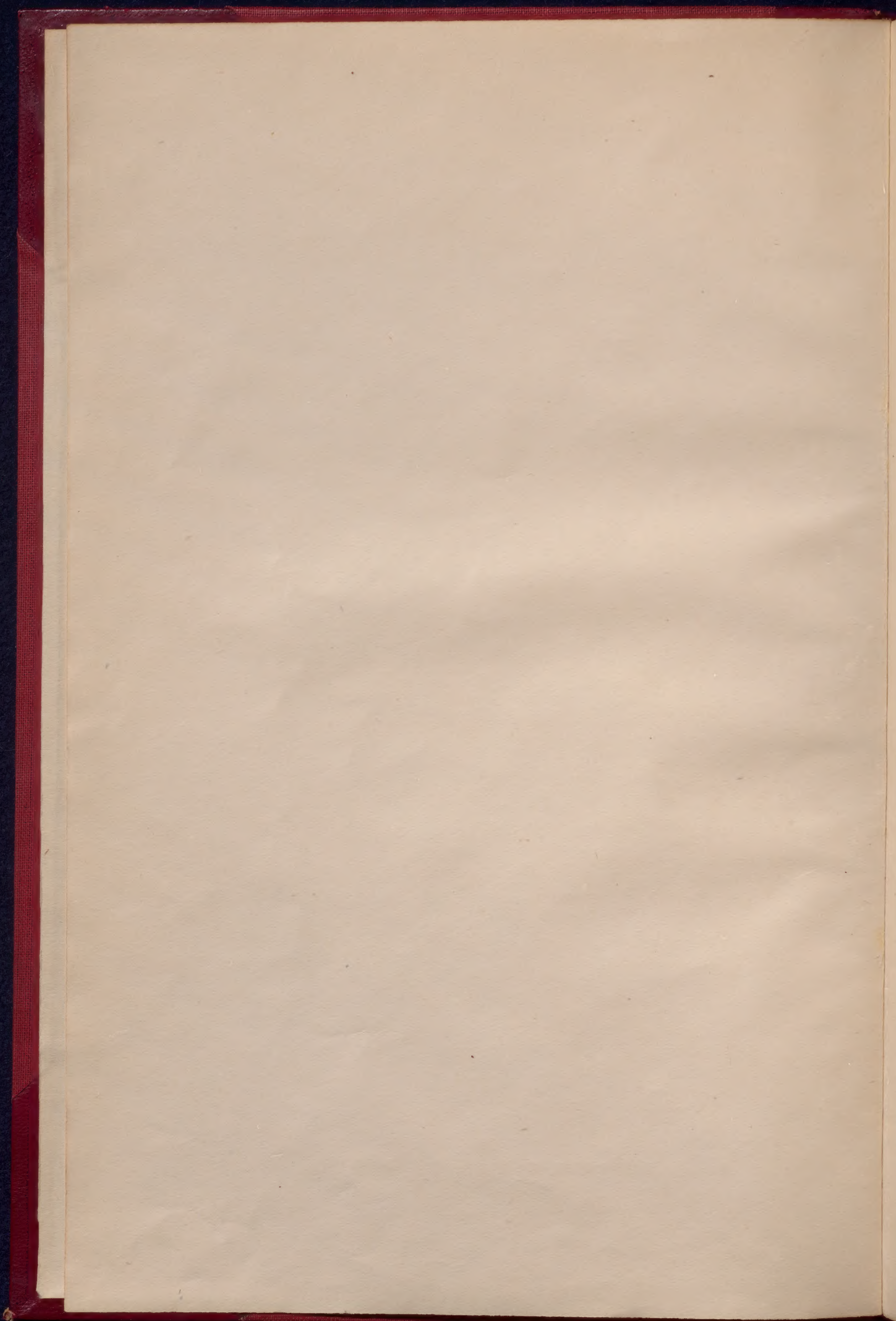
'The Powder of sympathy', 1900 (on Digby, no.
2453).

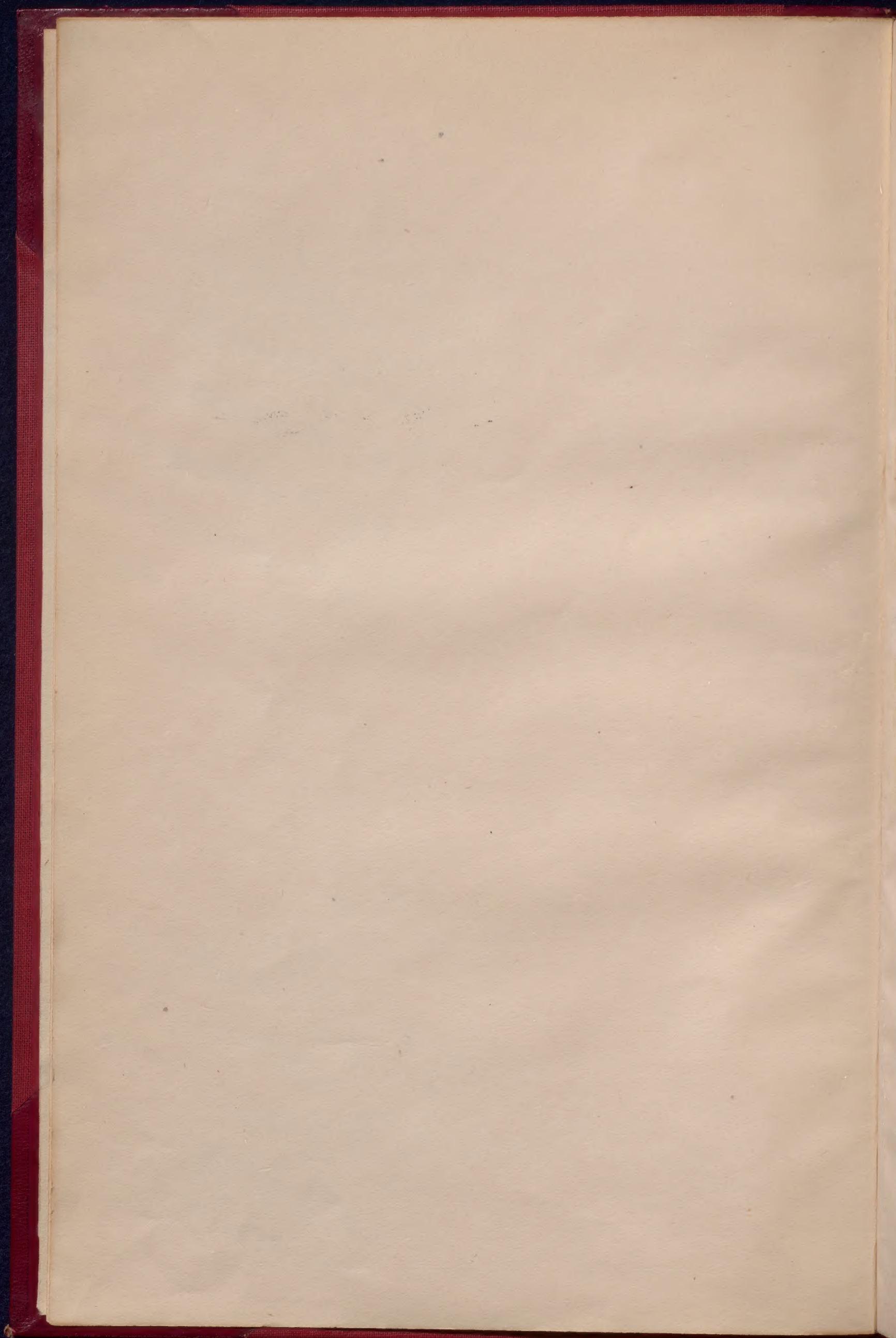
'Auenbrugger on the art of percussion.'

'Acute pneumonic phthisis. Clinical lecture ...
1912.'

7664 (iii)

FROM
THE LIBRARY
OF
SIR WILLIAM OSLER, BART.
OXFORD





"Power of Sympathy"
Draft of an address
endorsed in Sir William Osler's hand

"Univ of Penna

Introd 1885, not published?"

followed by a note to his cousin Miss
Jennette Osler requesting her criticism
which she has added.

This announcement card, sent to me
when I was 7, and inserted here, I
find among his early letters to
me, which I did not know that
my mother had preserved, and
which have just come to light.
W. L. Francis, 1930.

Prattman You are gathered here at a medical school
 for the purpose of obtaining such a knowledge of
 diseases and accidents as will enable you successfully to
 recognize and to treat them. You have no other object
 should have no other ambition. The practical question for
 each one of you is how shall I best acquire that knowledge
 and for us, your teachers how shall we best assist



Master Willie Francis
 25 Pr. Arthur Ave
 Toronto

Canada

time.
 man who aspires to be a
 in of physicians made
 periods or stages. The

preliminary, the scientific and the practical, each with special
 relations to the other and mutually dependent in such a way
 that a definite sequence is necessary ^{of time progress is to be made,} to avoid confusion.
 As I wish to deal more particularly with the methods and
 modes of teaching practical medicine, I ^{shall} allude very briefly
 to the first two stages.

The preliminary training is a matter of the highest im-
 portance. ^{for it is forming for necessarily upon it as a} ~~It constitutes~~ the foundation ~~and~~ the character
 of the superstructure will ^{largely} depend ~~very much~~ upon it. A good
 liberal education ^{is} ~~may be regarded as~~ an essential pre-requisite
 to the study of medicine is everywhere acknowledged, but there are
 differences of opinion as to the ^{range of subjects embraced under the} ~~the meaning of the~~ ~~backbone~~ phrase

29. ix. 85

UNIVERSITY OF PENNSYLVANIA.

Departments of Medicine and Dentistry,

36th and Woodland Avenue.

THE Address introductory to the 120th Course of Lectures in the Medical Department, and the 8th Course in the Dental Department, will be delivered in MEDICAL HALL on Thursday, Oct. 1, 1885, 12 o'clock M., by

WILLIAM OSLER, M. D.,

Professor of Clinical Medicine.

You are cordially invited to be present.

JAMES TYSON, M. D.,

Secretary Faculty of Medicine.

*This announcement card, sent to me
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find among his early letters to
me, which I did not know that
my mother had preserved, and
which have just come to light.*

W. W. Francis, 1930.

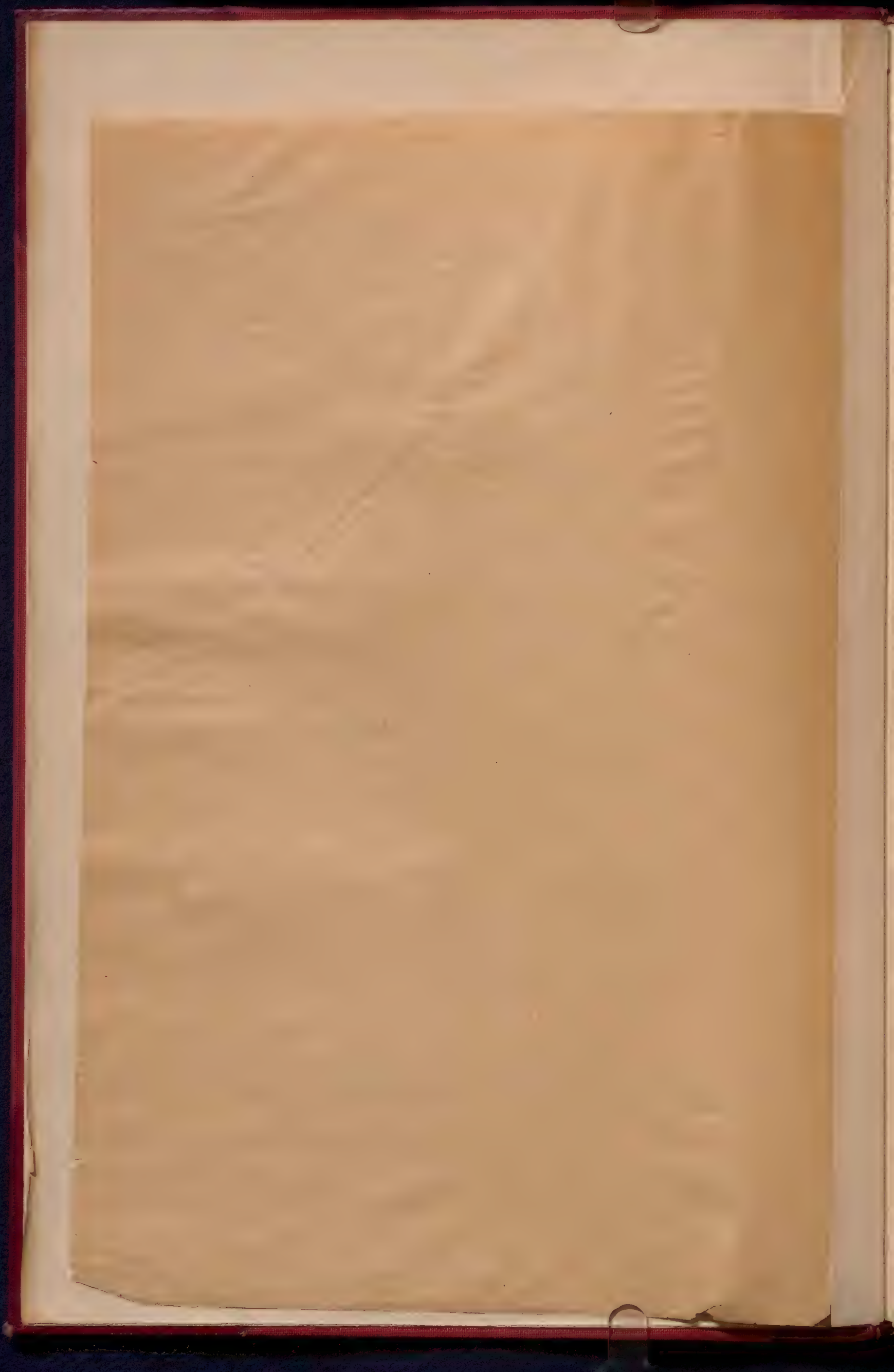
further
to offer words of advice and encouragement to those
of you who come among us for the first time.

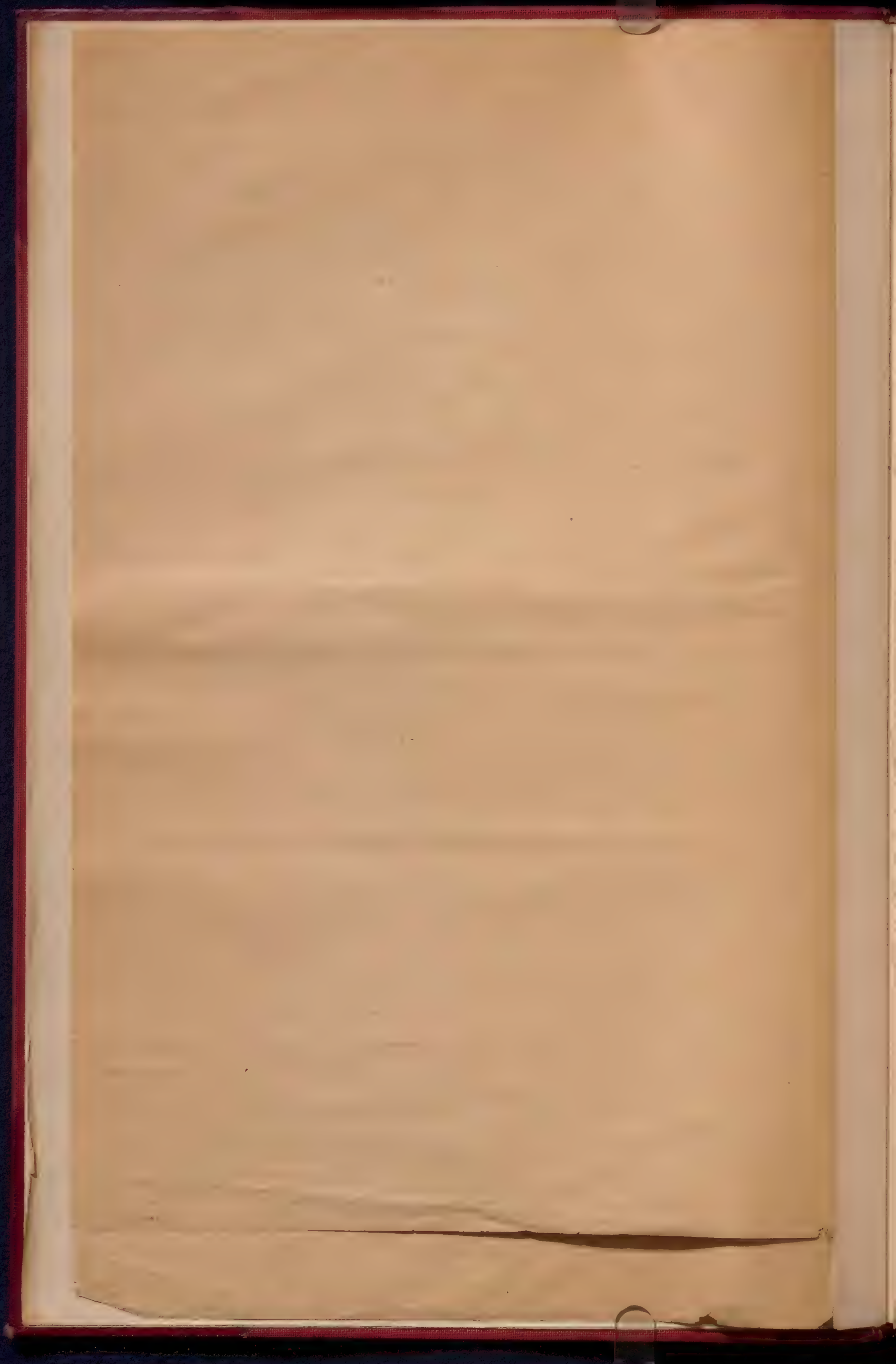
The ^{future} ~~period~~ occupied in the education of ^{man who aspires} physicians may
be conveniently divided into ~~three periods~~ ^{three periods}
preliminary, the ~~second~~ ^{second} period, and the ~~third~~ ^{third} period.
relations to the other and mutually dependent in such a way
that a definite sequence is necessary. ^{of true progress is to be made} ~~in the first period~~

To I wish to ^{on two occasions} ~~be~~ more particularly with the methods and
modes of teaching practical medicine. ^{shall} ~~the~~ ^{the} ~~the~~
the first two stages

The preliminary training is a matter of the highest
importance. ~~for it is~~ ^{forming} ~~the foundation~~ ^{for necessarily} ~~and the character~~
of the superstructure will ^{largely} ~~depend~~ ^{very much} ~~upon it~~. A good
liberal education ^{is} ~~may be regarded as an essential~~

to the study of medicine is everywhere acknowledged, but there are
differences of opinion as to the ^{range of subjects embraced under the} ~~the meaning of the~~ ~~background~~ ~~phase~~



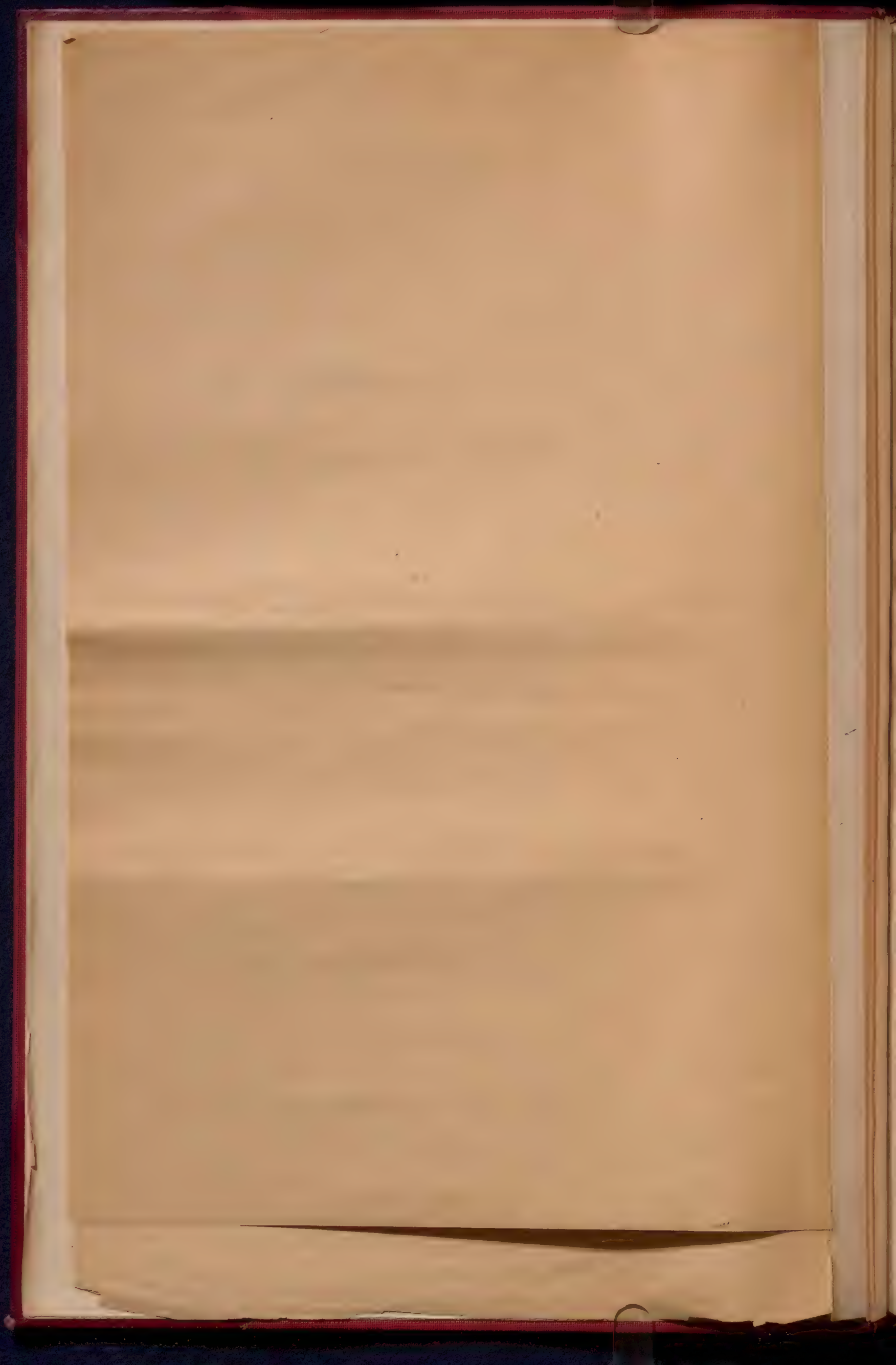


As to Latin, ~~as~~ so long as a large number of men are employed in medicine are deriving from the nation, knowledge of their language is indispensable. In study of Country, without some acquaintance, ^{with it} however slight must be considered extremely difficult, ~~and~~ many of the names ^{of the} quite meaningless.



Secondly, in the course of which we have
study the structure of the human body, and the
information of medicine. The first part of the course
making anatomy and physiology are the scientific
branches which must be thoroughly mastered before we can
truly enter into the study of medicine. The health of the
body must be made an intelligent matter of
study, and a great deal of time is spent in
devoted almost exclusively to the study of anatomy and
physiology, and so full of detail that only be able to learn certain parts, say
anatomical, will not get any of the other parts.
To those of you who are beginning to study anatomy,
take me through at a rapid pace and I will
enquire a few facts regarding it. I am to learn
thoroughness at the outset or you will be apt to
forget and clearly that you cannot take on
continuously in age of anatomy, and you must learn your
anatomy in an indefinite amount of time, and that
and that you cannot learn it all at once. You cannot
nor, I repeat, learn it all at once. You must learn it
in taking small but often repeated portions of it, and
in pieces, and also attempting to understand the whole.
Perhaps the most important study of anatomy is the
study of anatomy, and to a correct knowledge of the
relation of the various parts of the body, and the
you can understand the functions of the body in health and
disease, and the importance of the various parts of the
body, and the importance of the various parts of the body.

All through you fresh material of the art of medicine. That
different kinds of anatomy, the heart can be well studied in



cont. 147.110



in the checker the first and ...
to structure the ...
... the ...
a knowledge of the ...
study of ... you have the advantage of ...
The use of the microscope and those methods ...
which will be of service to you in a more advanced period
of the course.

"Beautiful and enticing as is the study ...
cannot see its full beauty until in Physiology we
study the relations of function to structure. It is a
pity that the enormous development of the latter subject
has necessitated a divorce in the teaching of what practically
constitutes one science. Physiology is ^{Physiology} Anatomy enlightened
by ^{by} knowledge of regulation
of the ... of nutrition, growth and development

You have first to grasp the fundamental facts relating
to cell growth and development. In the simple uni-cellular
organisms we study life in its simplest manifestations
and in such a body as the Amoeba the functions of the
higher creatures are portrayed in miniature. The laws of
cell growth and ^{development} ~~nutrition~~ are at the basis of all Physiology
and those modifications of nutrition which are abnormal &
which we call disease ^{also} ~~also~~ ^{also} begin as perversions of cell life
the you should early strive to get a clear idea of ^{these} principles -
underlying your subsequent conception of the intimate
processes of disease will depend very much on the knowledge
you obtain of the laws of cell life. And in the next place you
...
... advanced in Chemistry to grasp the problems



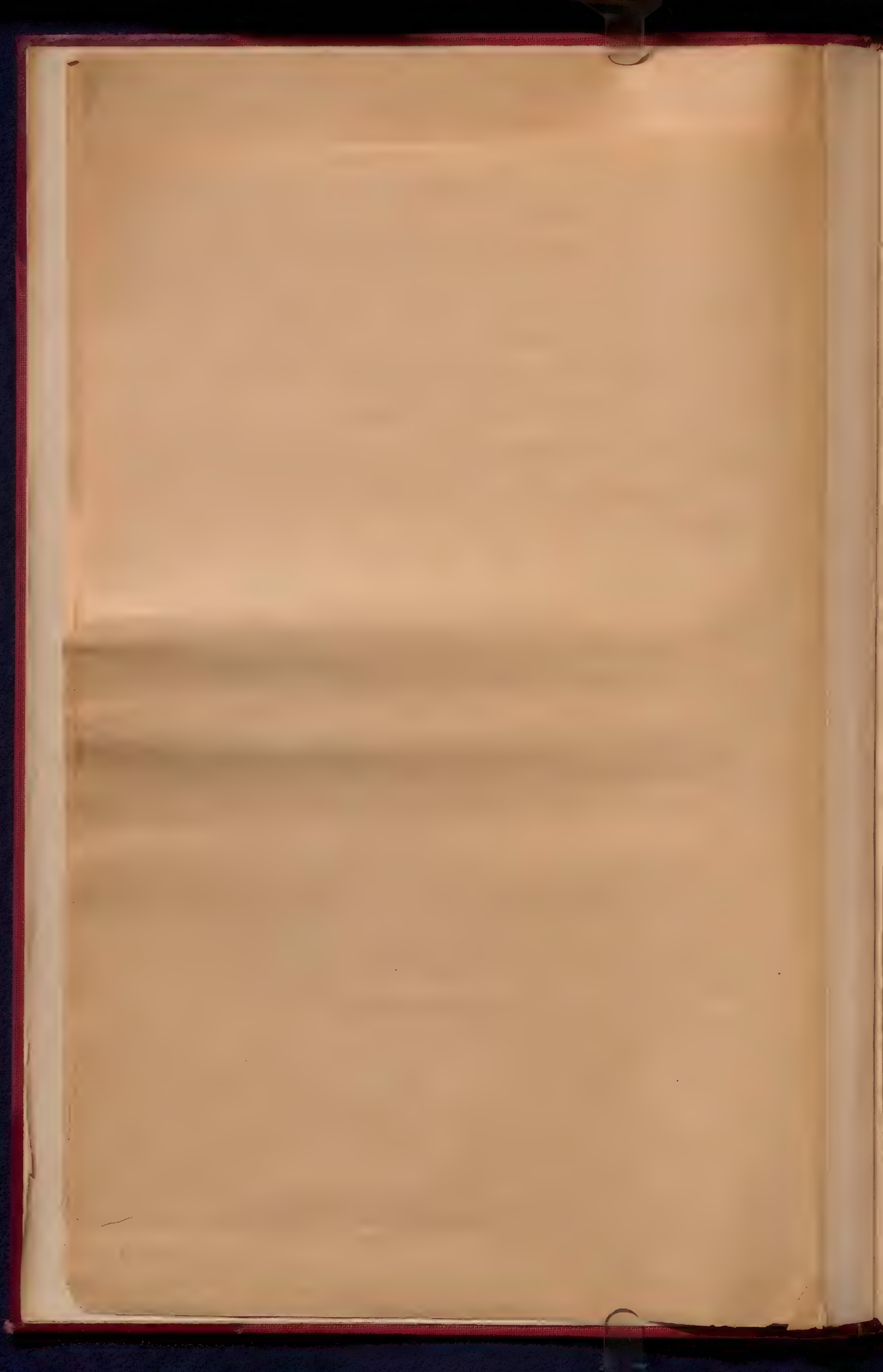
must study the functions of the organs themselves and have a thoroughly ^{practical} knowledge of the ~~act~~ way in which they perform their work. ~~The~~ ^{university} circulation Respiration digestion secretion - all the great functions of the body are explored and fully understood. There is a considerable section of Physiology which at the present time we find men defective in knowledge of just the physiology they need - ^{such} an accurate acquaintance with the sounds of the normal heart, the characters of the respiratory movements & sounds, the action of the larynx & many other points.

The subject of chemistry will occupy a large share of your time and attention during the first and second sessions. You have first to gain a knowledge of the general composition and properties of bodies and learn the use of chemical apparatus. ^{A great deal} Much of this is information which in a proper system of preliminary education you should bring with you to a medical school. But under the present ^{arrangement} system you must spend much valuable time in acquiring such a knowledge which will enable you to understand the higher branches. The Laboratory work will be of special ^{use} value in developing your powers of observation, in teaching you accuracy and care and above all ^{by it you obtain} the practical information you will obtain in the analysis of the ~~secretion~~ ^{secretions}. A great difficulty in a medical course is to get students ^{enough} advanced in chemistry to grasp the problems



give a special value to which
it then has ~~occasional~~ ^{the many} other cases as they are, usually
found in ^{with a} wide and varied acquaintance with the case.





Moreover it is impossible for the student to see all diseases
in the course of the year. The course of the year is too short.

The post-mortem room with the same anatomical tables
place of the dissecting room. As a ~~course of instruction~~
normal anatomy is a ~~necessary~~ ^{necessary} part of the study of
anatomy of the body in health so is a ~~study~~ ^{study} of the
anatomy of the body in disease an absolute necessity for the
appreciation of the phenomena of disease. ~~It is~~
Morbid Anatomy ~~is~~ to the physician what normal anatomy
is to the surgeon. In its study you have ~~not~~ ^{is} a store of facts and records
of disturbances of function manifest in disease. In this
respect the acquisition of the facts of Morbid Anatomy
is more difficult than ^{of those of} Normal Anatomy. ~~It is~~ ^{for example,}
the task of ~~the student~~ ^{the student} to master the facts of Morbid Anatomy
as the structure of the liver is a ~~fact~~ ^{fact} in the study of
obtaining a practical knowledge of the appearance, size, weight,
color, - of this organ in disease. You must know the color of
the fatty, the amyloid, the cancerous, the tuberculous, the
the atteration in shape, in colour & in consistency. You must know
when the cells, the vessels & the ducts are normal, when they are
ill; the atrophic organ is not always small, it is large at other times, in one case
it is large at other small, in one case it is smooth and there are various minor histological
so numerous & so diverse as to make it impossible to study them in
in diseased organs that it requires careful observation and
relations before the chief facts become quite familiar. In the
service they must be ~~as~~ ^{be} as vivid memories ~~as~~ ^{as}
called up at will so that, for example, when cancer is

in the death the ~~name~~ dyspepsia haemorrhage
this may alone can morbid anatomy be intelligently studied







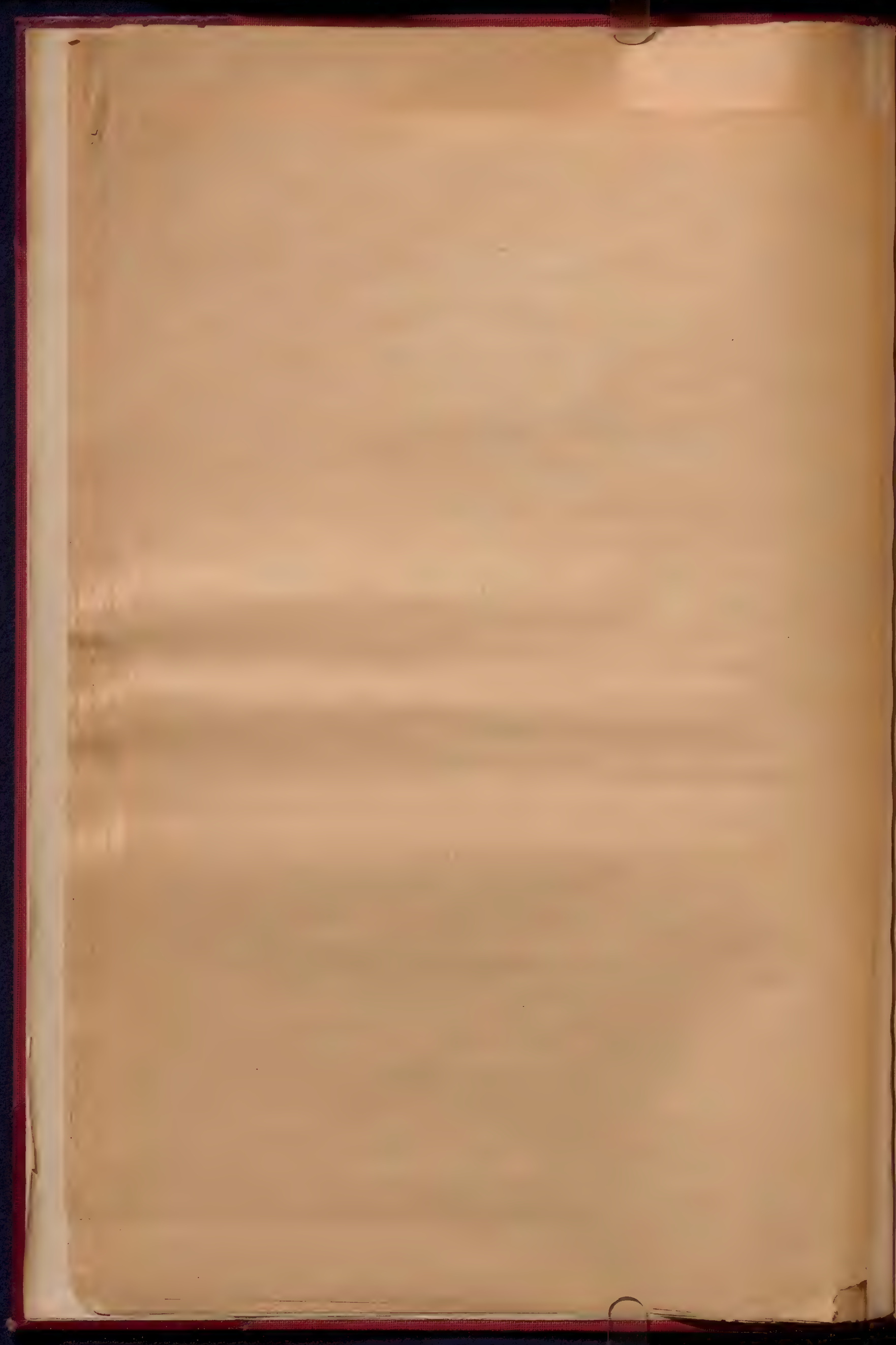


exact words, ^{and never recs.} ~~conclusions~~ ...
law and the ~~constancy~~ ^{uniformity} of results ...
conditions but ~~on entering upon the study~~ ^{in taking up} ...
leave the exact & certain for the ~~inexact~~ ...
and enter a realm in which ^{to a great extent} the certainty ...
of probability. Medicine is not an exact science ...
rather an art which we study by the aid ...

The examination of a patient is directed to the ~~the~~ detec-
tion of the nature and extent of the deviations from health
^{and the discovery of the indication for treatment.}
~~and the character of the changes which have taken place~~
^{abnormal states}
To be able to recognize ~~these~~ ^{normal} ...
Knowledge of the ^{normal} ~~situation of the~~ ...
signs and the characters and composition of the excretions.
Without these ^{standards of comparison} you cannot make the first step in the exami-
nation of your patient. You have no standards of comparison
What possible meaning does a prologation of the expiration,
sound as to being normal, ~~At the~~ ^{At the} ...
But corruption of the normal ...
and the expiratory murmurs? Or if you hear an accentuated
second sound at the 2nd left costal cartilage? how mean-
ingless if you do not know the normal ...
heard loudest in health? But the sick man is before
you. How shall you proceed in your examination? ~~Presumably~~ ^{method} ...
~~the investigation of the~~ ^{the} ~~phenomena~~ ^{the representation} ...
complicated experiment or problem and the first ...
to collect all the facts ...
... intensity the ^{the} direction of propagation ...



history of the patient or what he can tell you about his ailment, the mode of its onset, the duration and the chief features. By means of intelligent questions you are enabled to get additional ^{physiological} ~~information~~ and so ^{the important facts} from the confused mass of information which the patient will usually give in ^{his own} ~~the~~ statement of the case, ~~the important facts~~. You next proceed to the physical examination, means by which you ascertain the existence of disease, its extent, & the localities affected. In this part of your work, ^{learn early to follow} ~~adopt~~ a systematic method. It is best to follow the great physiological systems, interrogating each in turn. the digestive, the circulatory, the respiratory, the nervous & so on. By so doing you are less likely to overlook important conditions and you obtain ^{in complete and orderly array} all the facts needed to form a judgment upon the case. In this part of the work you will find to your aid the various instruments of precision, the stethoscope, the microscope, ~~sphygmograph~~, ophthalmoscope & with the use of which you must be practically acquainted ~~as~~ as many important facts can be obtained by their help alone. ^{at this stage of the examination there is} A lesson which you will find it hard to learn ^{viz} ~~the~~ ^{difference} ~~distinction~~ between fact and inference. You are to describe the conditions which are ^{present} ~~present~~. In example, ^{in the} ~~the~~ ^{circumstances} ~~circumstances~~ ^{in which} ~~in which~~ you hear a ^{low} ~~low~~ ^{over} ~~over~~ the sternum you should simply describe the characters, the point of maximum intensity, the ⁱⁿ ~~in~~ ^{the} ~~the~~ ^{direction} ~~direction~~ of propagation &c. ^{to} ~~to~~ These are the facts but at this period you must not

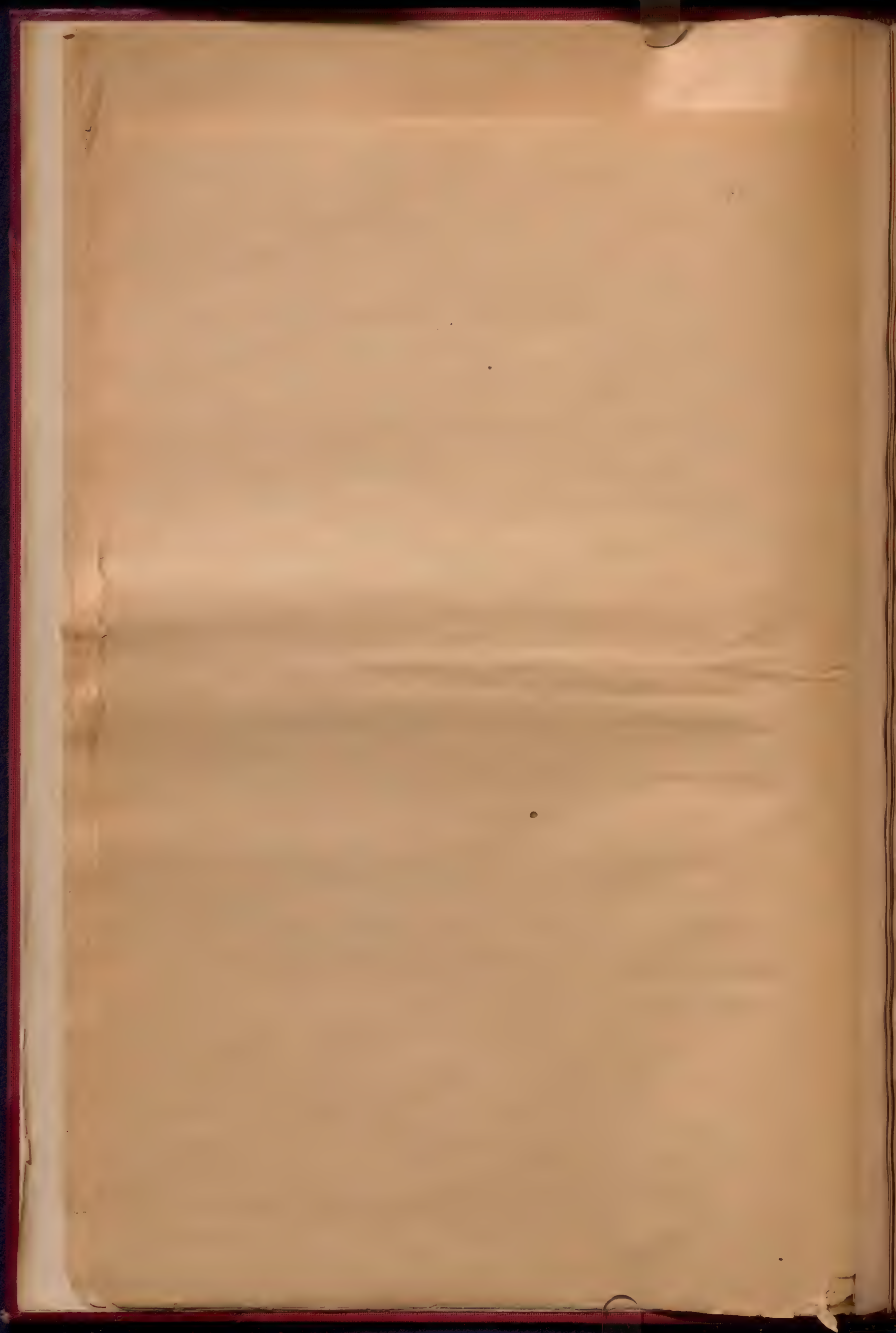


term it an aortic murmur or a hence. ~~to be~~
 would be an unwarrantable inference. This is really
 one of the most serious difficulties which student
 overcome in clinical work - hasty inference from imperfectly
 or even well, observed facts. After having carefully noted
 all the phenomena connected with the case and having
 reviewed their history we can then proceed to an
 explanation of the facts with a view to arriving at a
 conclusion concerning the nature of the disease.
 Thus in the case of a patient with a to & fro sound to be heard
~~over the heart~~ ^{over the heart} ~~over the sternum~~. we know from the previous study
 of the normal action of the heart that such sounds do
 not occur in health. ~~There~~ ^{their} ~~is~~ ^{is} ~~no~~ ^{no} ~~sound~~ ^{sound} ~~that~~
 get the notion of two opposing surfaces rubbing against
 each other and the sounds coincide with the systole
 and diastole of the heart. ~~From~~ ^{By} ~~studies~~ ^{studies}, ~~we~~ ^{we}
 anatomy you ~~are~~ ^{have been made} aware that the pericardium in health
 of the heart ~~is~~ ^{is} ~~not~~ ^{is} ~~influenced~~ ^{influenced} ~~by~~ ^{and} ~~the~~ ^{the} ~~study~~ ^{study} ~~by~~ ^{by}
 the exudation of fibrin, and the to & fro sound
 is heard in case of a rubbing, ~~causing~~ ^{causing} ~~the~~ ^{the} ~~sound~~ ^{sound}
 with this condition and conclude that the cause is
 pericarditis. But before making up your mind positively
 you must take other facts into consideration. You have heard
 a to & fro sound along the sternum under other
 conditions, and have ascertained by post-mortem examination
 that it may also be caused by disease of the aortic valves and
 you must carefully examine your facts again to determine
 which of these states probably exist in your patient. ~~From~~
~~the character & situation of the to & fro murmur from the~~
~~symptoms, the history and from all the possible circumstances~~

Let there be no mistake about it. I am not a
 could there be any doubt about it? I am not a
 certainly even in the most difficult cases, I am not
 the dogmatic and ^{be} positive in such a subject as a
 well marked pericardial ~~inflammation~~ ^{friction}, but if you had
 demonstrated such a case, pointed out the distinction
 of the two pericardial ~~inflammations~~ ^{frictions}, and if you had
 seen it and ^{the patient had died & at the autopsy} ~~of at the end~~ your Brutus, the pathologist
 had coolly pointed out a local pleurisy of ~~a~~ ^{the} lung
 over the heart. ^{with} and the serous lining of the pericardium
 smooth as a billiard ball, you would agree in the humility
 of your report, with the opinion of Rostan that "a small
 living body, no occurrence & effect over the body, but
 constantly, in the same manner, it all the time, it
 can never with respect to the body, but it is a
 or effect in nature". I am sure you can be
 be satisfied with probabilities. After you have arrived at
 a conclusion which seems warranted by all the facts
 of the case you take into consideration the probable course
 of the disease or form what is known as the prognosis.
 To anticipate the results of any disease correctly will
 depend very much on the correctness of our diagnosis. If this
 is erroneous our forecast of the case may be very much astray
 as in a case ^{last week} in the wards, which many of you saw. The expec-
 tation of life was placed at eight or ten months but the poor
 fellow was called to his account the same night. Could we
 have had all the facts about this case, we might have been
 in a better position to judge.

Your articles and your two thoughts should be read by every one
 who can I recognize and how can I not? Into the principles
 lying the application of medicine. but I should
 like to see the application of medicine at the bedside.





In your dealings with patients, remember that there is but one law to regulate your conduct - "You would that men should do unto you as you would do unto them". Kindliness of disposition and gentleness of manner are qualities "essential in a ^{Physician} ~~Physician~~ if they do not exist naturally they are virtues which must be ^{cultivated} ~~assumed~~. The rough voice, the hard ~~words~~ ^{words} and the blunt manner are as much out of place in the hospital ward as 'my lady' is in the street. There is a tendency among young men about hospitals to study the cases not the patients and in their interest to lose sight of the individual. It is against this. The motto of each one of you should be 'to be in examination and treatment of a case should be put yourself in his place'. Realize ^{so} ~~the~~ the mental state of the patient, and ~~be~~ ^{be} patient with his complaining and ~~be~~ ^{be} gently his fault. The kindly word, the cheerful greeting, the sympathetic look, trivial as they may seem, help to lighten the path of the poor sufferer committed to our care and are often a "bit and wine" to the bruised spirits intrusted to our care.

... and the conference form the ^{various} ~~various~~ methods of instruction.

your duties in the hospital may be summed in one sentence, - to learn to recognize and ^{to} treat disease, and the problem for us, your teachers, is how shall we best give you this part of your education.

A well regulated system of clinical instruction must afford ~~not~~ opportunities of studying the disease in the same practical manner as the facts of chemistry and anatomy. The student and the patient must stand in the same relation as the anatomist and his subject, the chemist and his solution. He must be put in a position to get for himself, under supervision, the facts relating to the patient's condition, ^{which} he must collect, record & ~~record &~~ ^{reason upon} ~~reason upon~~ ^{weigh} ~~weigh~~ ^{to} ~~to~~ ^{correctly} ~~correctly~~ ^{upon} ~~upon~~ ^{them}, to weigh the evidence and to prescribe the appropriate remedies. Now is this all, under a proper system he must see that patient from day to day, note the progress of the disease, the complications that arise and the action of the medicines. ^{we must watch} ~~the~~ ^{that} ~~case as a student, just as carefully as if he was in practice & in his laboratory watching and after experiments, as he had sole charge of it.~~ This is clinical medicine. One or two such cases followed by the student in detail are worth a dozen lectures, but ^{unfortunately} in most hospitals there are insuperable objections to this plan. I mention it, because I am convinced that by a system of clinical clerkships ^{who} daily see their special patients and ^{receive} ~~and~~ ^{practical} education in medicine and surgery can be obtained that is superior to any other. Under present regulations the lecture and the conference form the usual mode of instruction.

in class will present the chief part,
practical education. devoted to the study of the
the ~~the~~ in turn the examination, the examination of the
and in fact the chief features, any, examination of the
the examination of the examination of the examination of the
percussion, the examination of examination of examination of examination of
of surgical dressings, the examination of fractures & wounds
the examination of the examination of the examination of the examination of the
the examination of the examination of the examination of the examination of the
These are things which must be practiced to be learned and
much of the time the examination of the examination of the examination of the examination of the
supervision and instruction in the details of case taking and
the use of instruments. A single case carefully studied by
a few men together under the supervision of an instructor
gives much more information than a series of cases hurriedly
visited. The teaching in the examination of the examination of the examination of the examination of the
must be in small groups, so that each one can have an op-
portunity of taking a part share in the examination. With examination of the examination of the examination of the examination of the
class, a difficulty is in demonstration the successive examination of the examination of the examination of the examination of the
a case so important examination of the examination of the examination of the examination of the examination of the

Conclusion

and when the examination of the examination of the examination of the examination of the examination of the

to examination of the examination of the examination of the examination of the examination of the



And then Gentlemen when the end has come in how
 have finished your course and have ~~had~~ ^{received} obtained a fair
 practical ^{instruction in} knowledge of your profession the ^{labors} of your teachers
 is ~~absolutely~~ not over. The heavy responsibility is thrown upon them
 saying whether you are fit to receive the ^{trust} of your
 Alma Mater and fit to undertake the care of the
 fellow creature. Men are differently constituted and
 the burden of life in various ways. So it is with this matter
 of examination. We are men on whom the most important
 is lightly and ^{mental} equilibrium is much more disturbed
 by the rejection than the acceptance of a student. In this
 our position, we are ^{not} to be ⁱⁿ the position of a
 judge and they look to us for a verdict upon their
 and have wasted a great deal of time and money.

I have had such colleagues - peace to their ashes! - dear
 estimable in every relation of life except as examiners in a medical school.
 Kindly men, but shockingly out of place in the examiners' chair.
~~Our~~ Our duties over as your ^{instructors} ~~teachers~~, we became as examiners
 guardians of a double trust - the honor of the University and
 the well-being of the citizen and to these we must be as
 faithful as we have endeavored to be ^{incapably} as your teachers. The
 errors of incompetency, the fatal mistakes of culpable ignorance
 may be usually laid at the doors of men who allow graduates
 to go forth incapable of meeting the ~~common~~ accidents & diseases of
 life.

How shall the examination be conducted? To be fair it
 should test the nature, extent & character of the previous training
 and it goes without saying that in practical medicine & surgery
 that examination should be exacted. It is not possible to

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The young student who is to be a doctor must be
studied and not only in the way of the sciences but
have under your own care. The day of the school
is past - long past, and. The apprentice to get his certi-
ficate, the engineer to get his engine the pilot to get his
boat must show practical knowledge and so too must
the candidate for the degree in medicine. I do
know of any stimulus so healthy as a knowledge on
the part of the student that he will receive ^{such an} ~~a practical~~
examination at the end of his course. It gives sharpness
to ~~the~~ ^{his} dissecting knife, to ~~at~~ ^{his} to the Bureau burner
a well worn appearance to his stethoscope and a peculiar
rattle to his bandage. The gown ~~is~~ ^{becomes}
a burden, pet-tips are ~~neglected~~ ^{at a discount}, "the points" of the various
instruments neglected. In ~~the~~ ^{the} ~~words~~ ^{words} and ~~the~~ ^{an} opportunity of showing what
he really knows of disease as manifested in John &
Elizabeth and not as he ~~has~~ ^{has} been able to cram it from books

Rules of the Dental Department.
Dental Student

1. Scientific - ~~companion~~
2. Practical
3. Importance of the Profession
upon the teeth of the next generation
4. History of American dentistry

After reflection on these the student will see the great importance
of his position and the duty which it entails

Nov. 1941. I come across his later use of this — >
quotation, where he attributes it to
FROUDE, viz. in "The Medical Clinic",
B.M.J., 1914, ii, p. 11, col. 1. (C.R. 303, p. 11).
W.W.F.

...and ... the ...
... and ...
... you ...
... will be ...
... follow ...
... the ...
... recognition and ...
... first you are ...
... have no other ...
... remember nothing ...
... which I ...

"He ...
... real knowledge ...
... smooth in it and ...
... the rest ...
... rain drops ..."

... among my ...
... the ...

For Mr. ...

100 ... at ... 1881.
... 11, ...

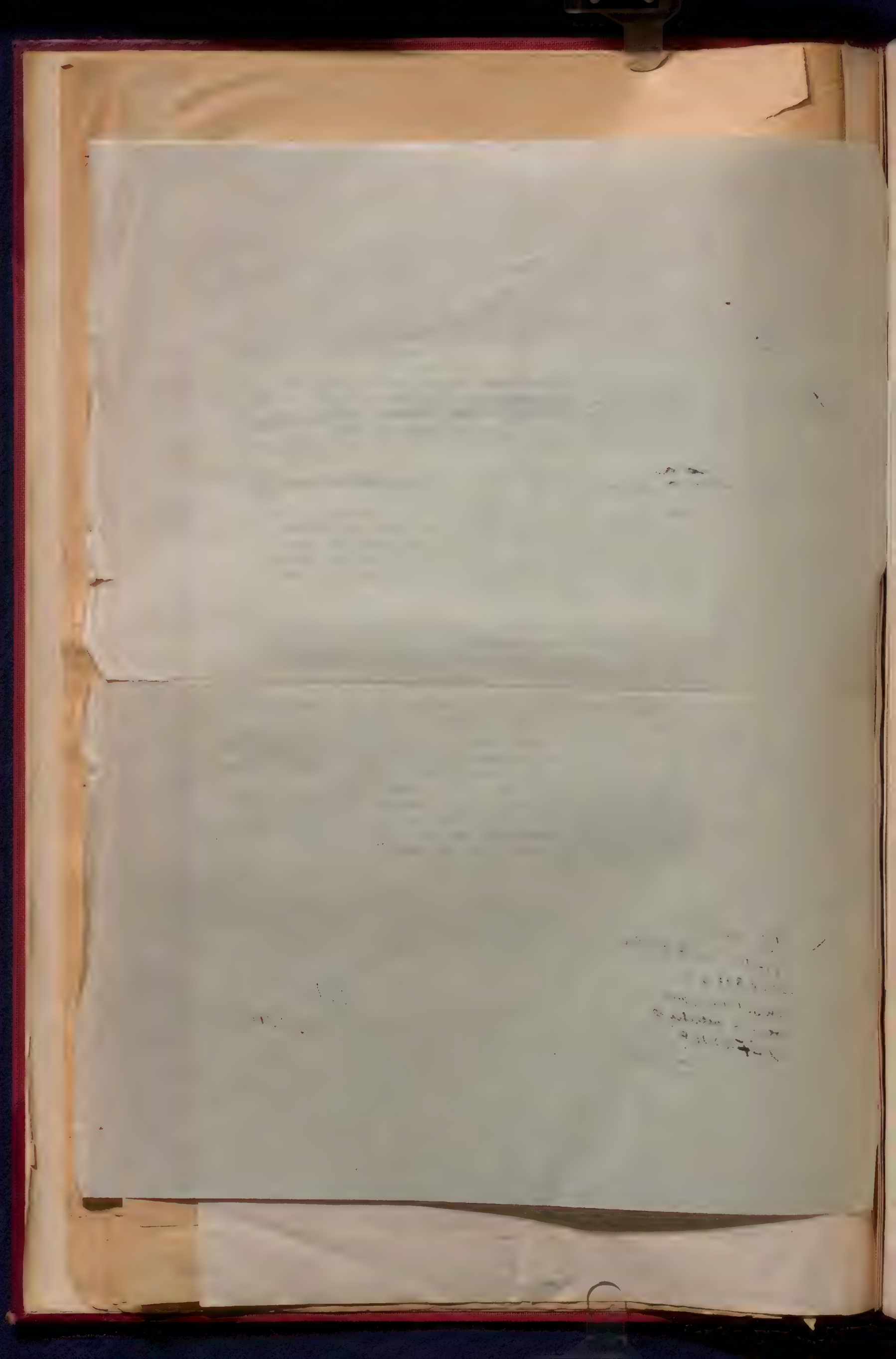
30

I do not like the ...

were beyond all they could ...
... of "the ..."
... of the ...
... I know nothing is further from ...
... but ...
... "I am ...
... a kindly ...
... I have ...

among my ...
the ... of warm ...
... in the ... of ...

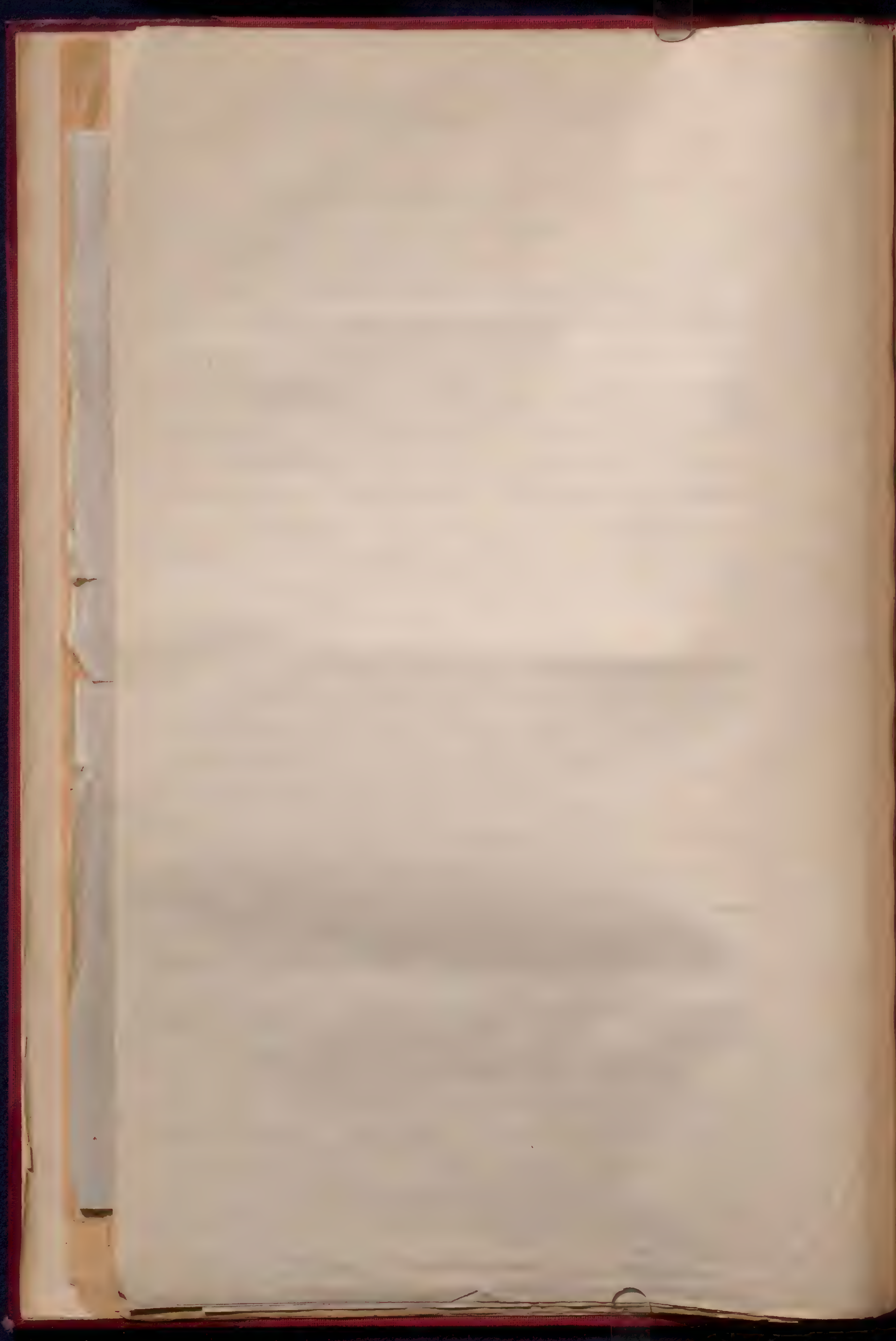
students, well equipped for their work in
life.

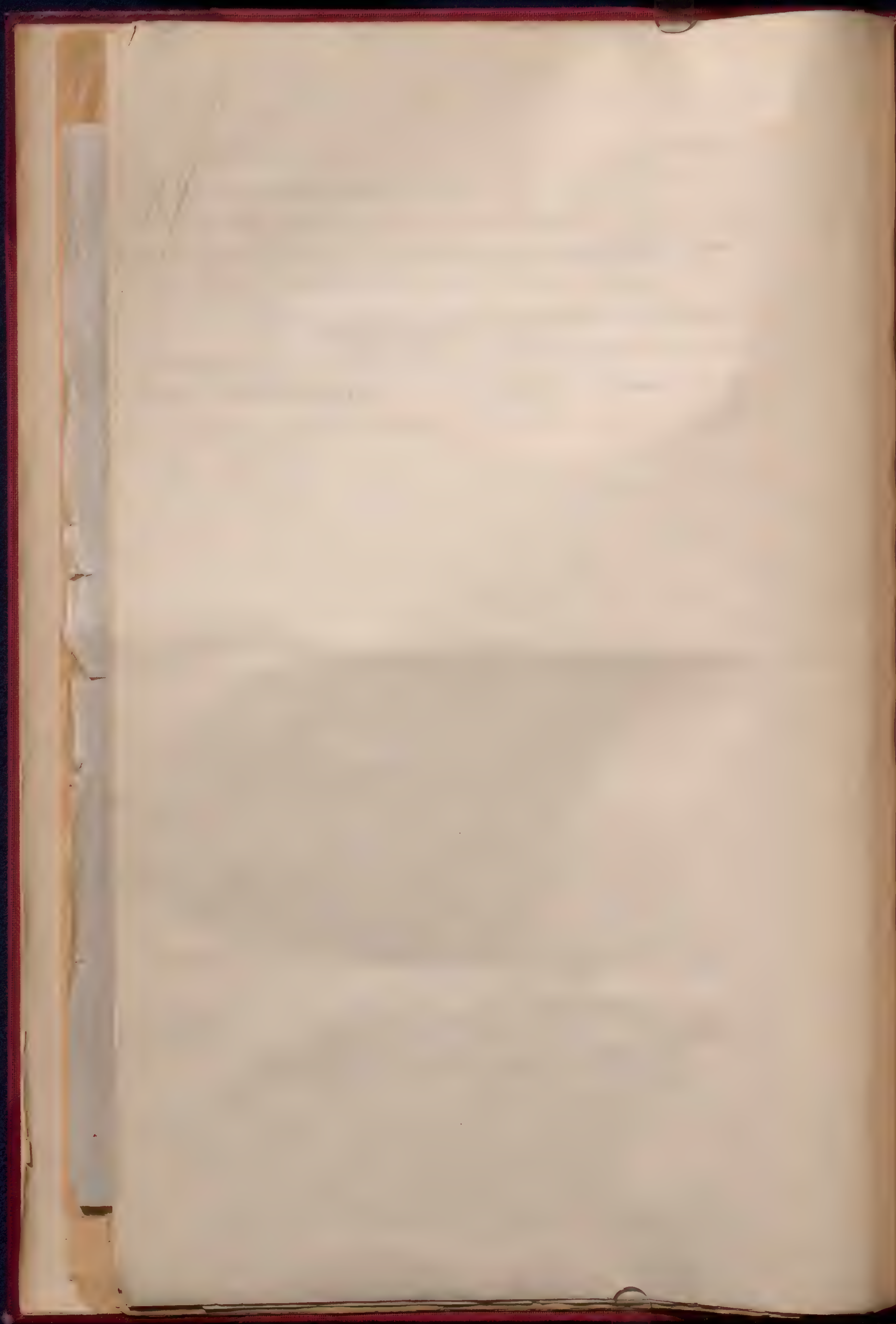


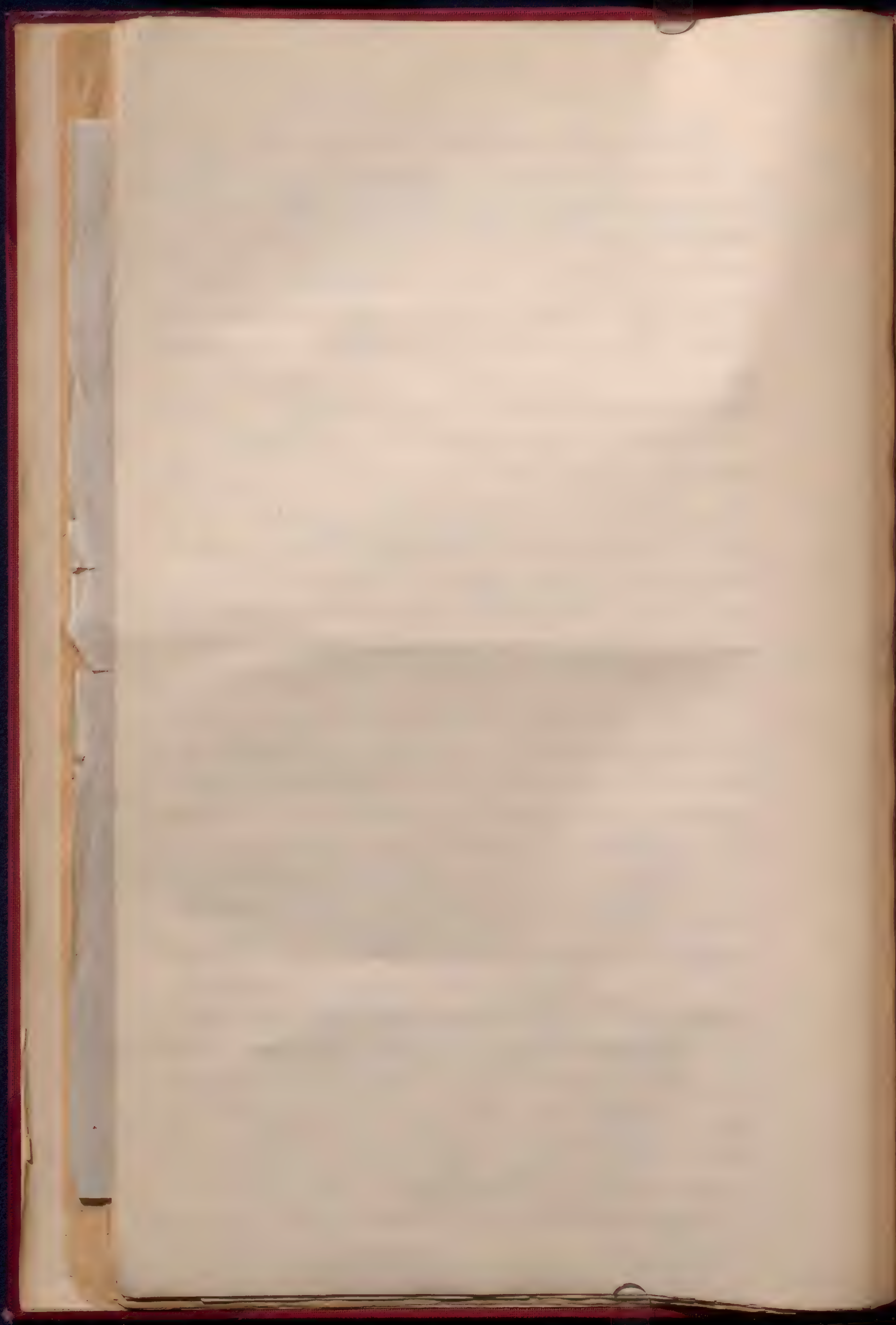
- Powder of Symplocos
- [1] "The Powder ^{of} Symplocos"
[not published]

followed by

- [2] two and a half pages of transcript
on the same subject in the hand
of Dr. W. W. Francis.

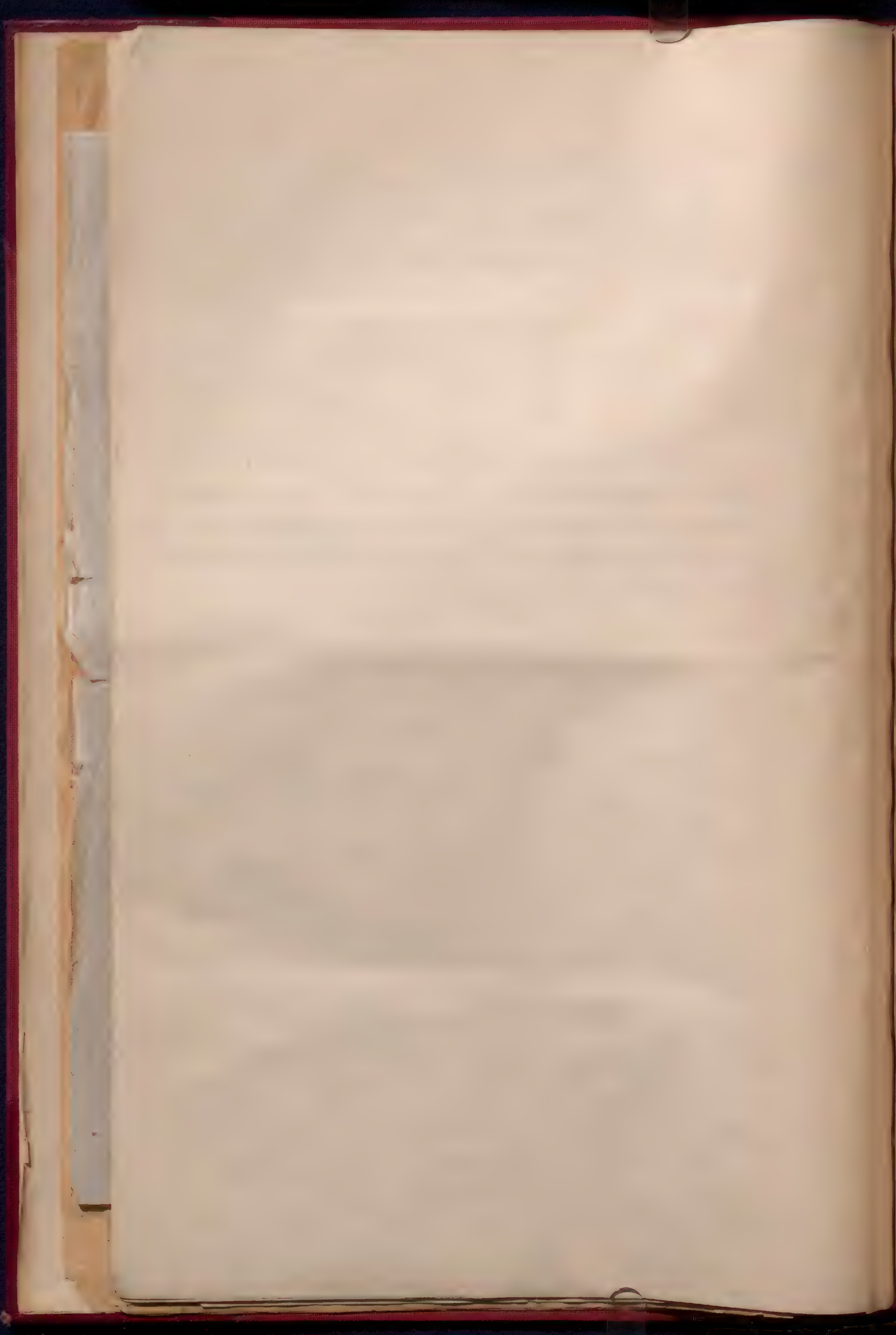


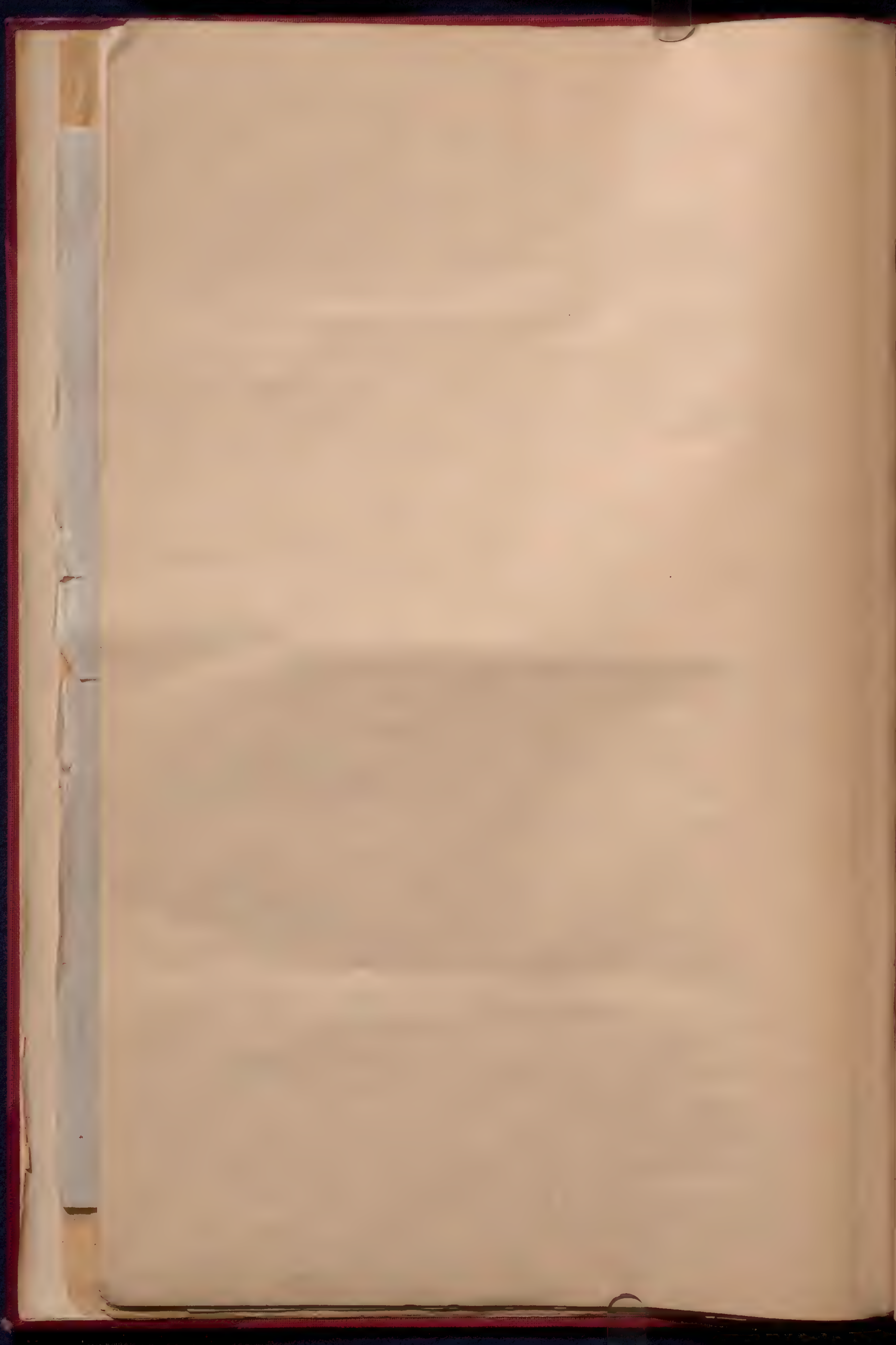


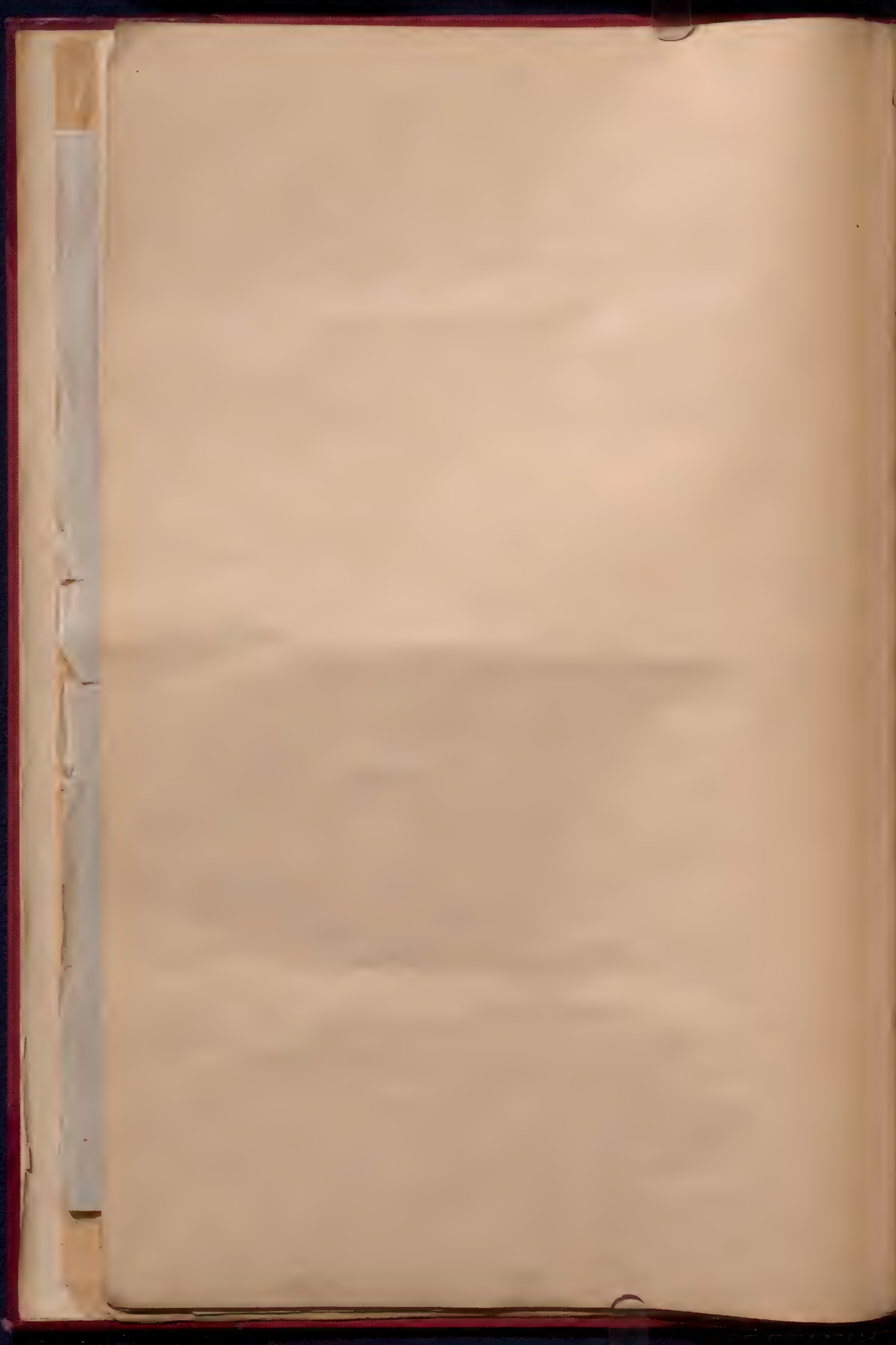


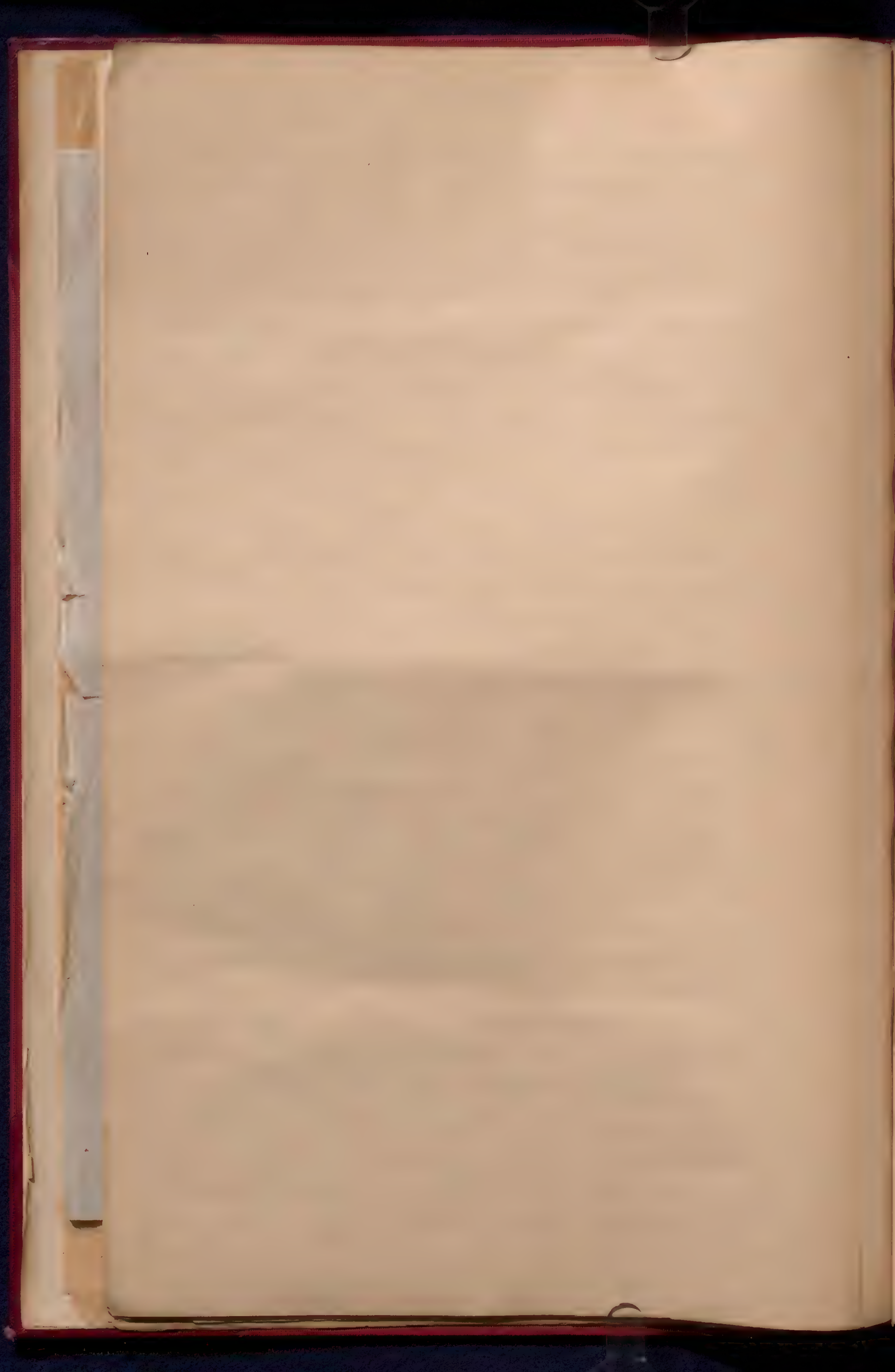
to show that all is a little,
Of hope, credulity and faith;
It is affected by subtle white
The power of all things and things;
And is the healing of all and
And not the trouble and the pain."

So the poet called the best artists of his time, and of us.
Besides, a contemporary, the story of his life. He said,
and said his philosophy, says, "but his words were a matter of
philosophy indeed," and in another place, "but the words are words
and not words themselves."



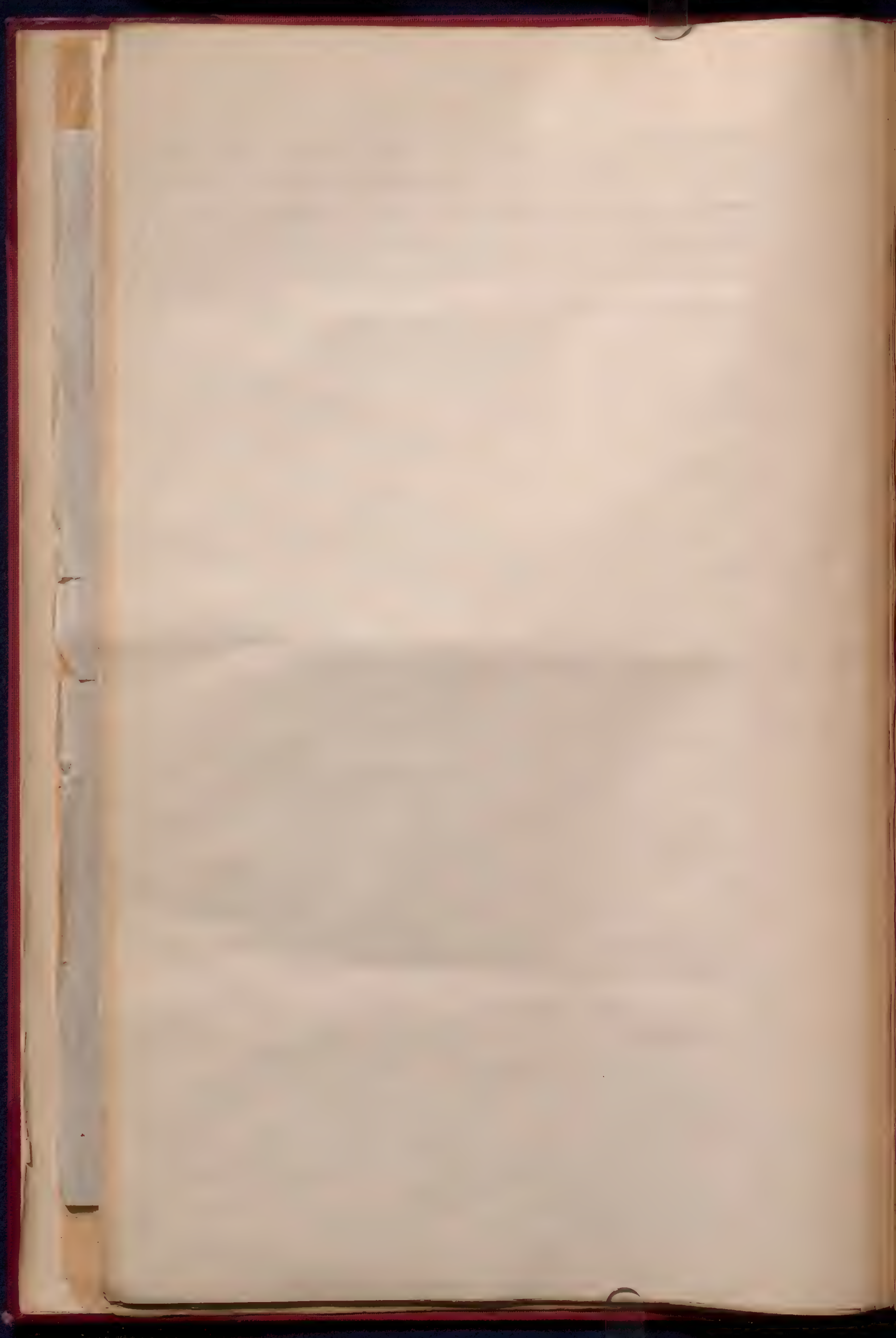


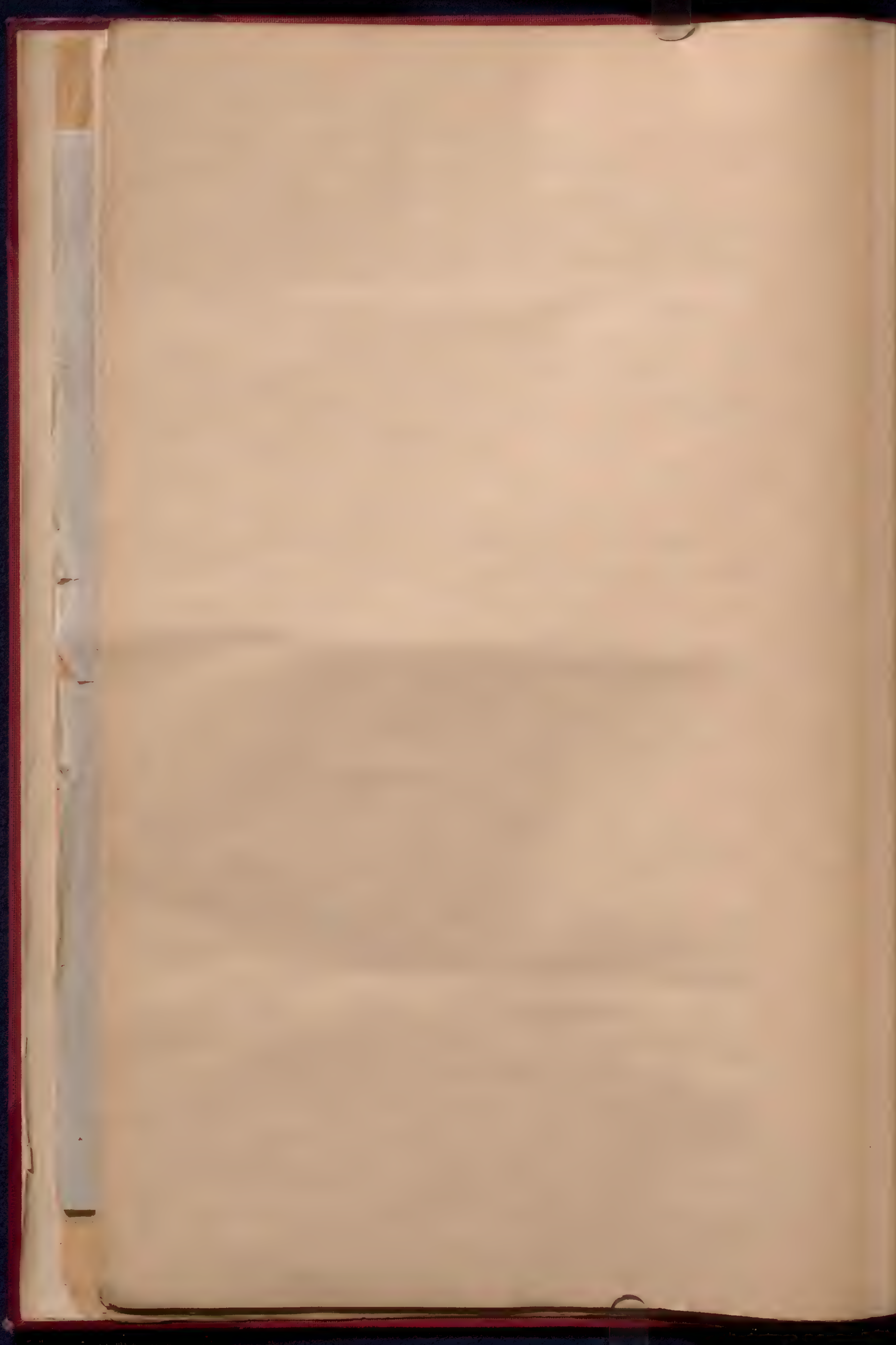




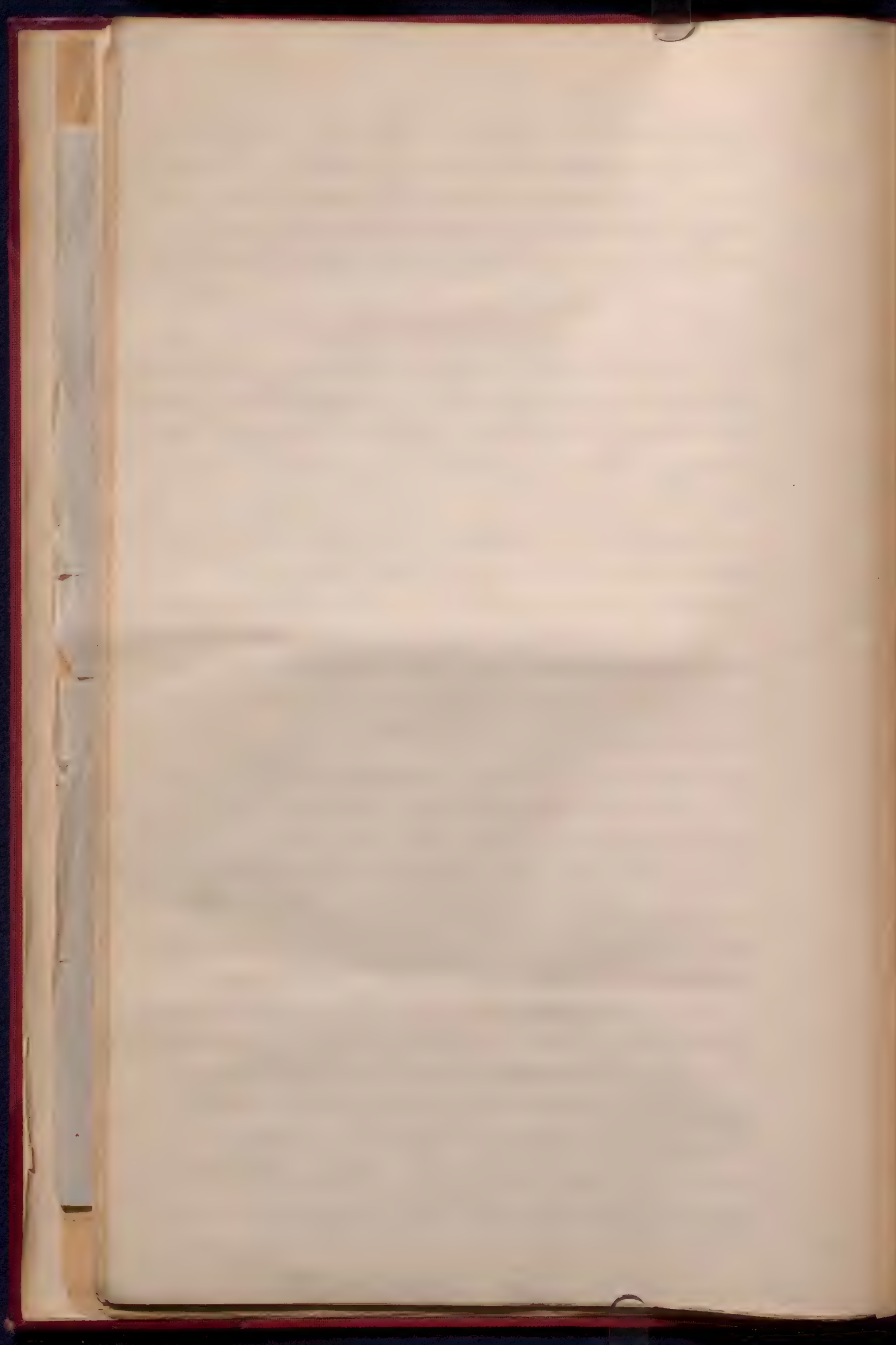
should her body, as it were to be to rest of time, and the pain-
less since all open, it was to be the same, where there is great
serenity, which is the blessing, and there are rendered it is very
good for us, and that it is an excellent quality, for the general
good of the world here, that the hundred pounds of silver every day
and every night."

July 4th



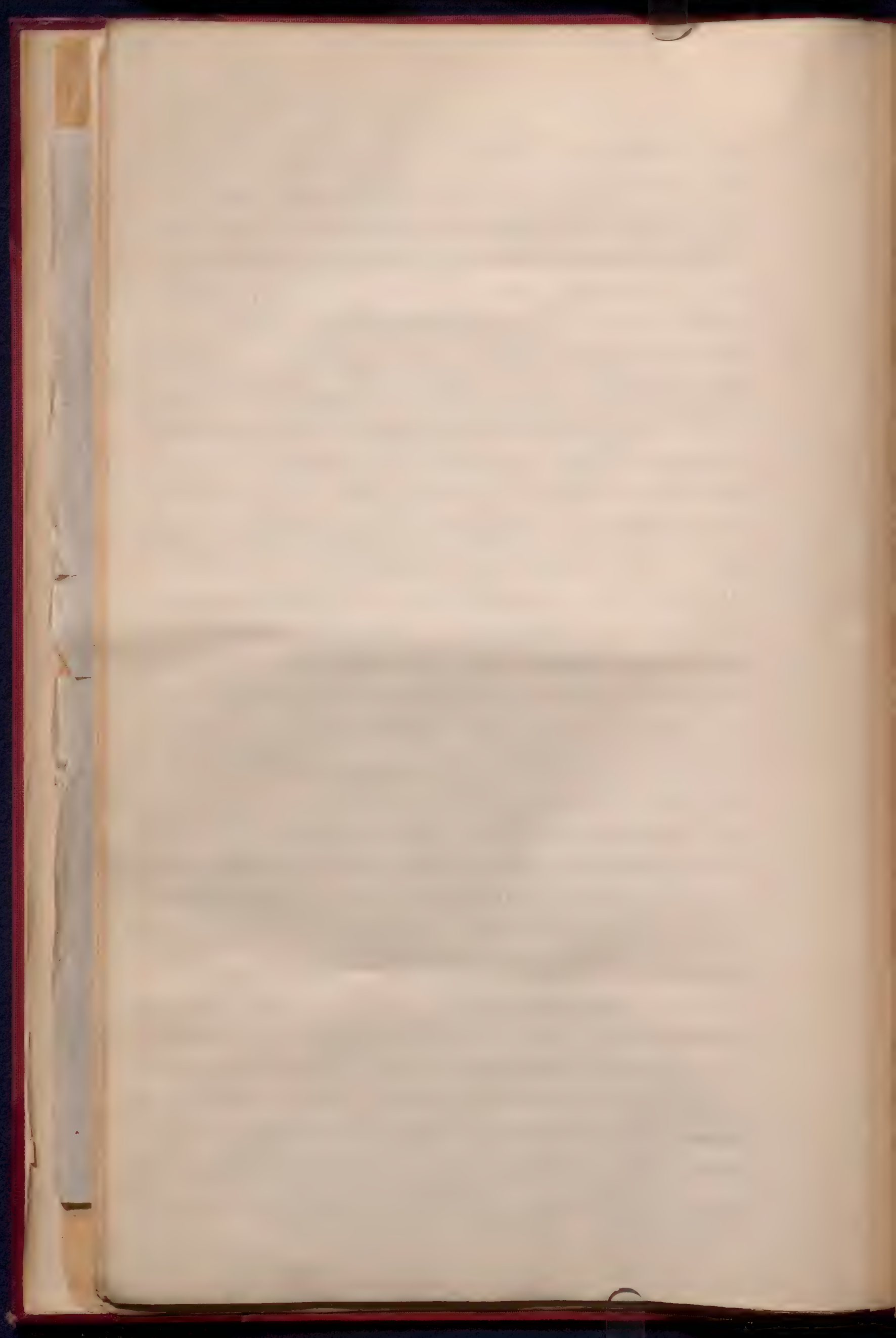


she was persuaded that the pictures and films which she put upon her
face, gave her a great deal of credit, therefore she was careful
to wear the most curious sort; but as it is very hard to keep a per-
sistence in things which depend upon such slight things, she
very soon is overcome, and passes out of her face with time; al-
though that did not keep her to her beauty, and that I took the
liberty to tell her so honestly, yet I thought it an opportuni-
ty then to do my duty that would give her the least chance, even
with so much civility and politeness she was to visit me. There-
fore, one day I thought good, in a kind of friendly way, to say
she might not improve her complexion (which she thought she did)
very well with it; so I told her by degrees upon
her face, that she was to have a little of the beauty, which
she was somewhat surprised, according to the custom of those who
are known, which was the first time it was suggested to her
situation; she greatly thanked me for my kind advice, saying, that she
could do no more for the preservation of her health than she
thought she was in that case: and should at last, I replied, have a
care of your child, O for that, said she, there is nothing that can
be contributed here. Yet, I told her, was now more anxious you
would tell your lady, she you not think that she should if you
were very likely to have with such a child as his lady? She said she,
that would be more than she could possibly bear such a trial. I
told her so cheerfully: that you were not angry, I replied
again, the marvelous effects that the immobility of the face work
upon the bodies of their children, while they are yet in the womb,
therefore I will recommend you some of them: as I related unto
her many stories upon this subject, as that of the sister of Na-
tivity, who was delivered of a white boy, which was attributed to a
Picture of the Blessed Virgin. which she had kept the picture of
her self, whereas she bore great devotion. I repeat another of a
woman who was brought to bed of a child all white, because of a
picture of Saint John Baptist in the wilderness, when he was a



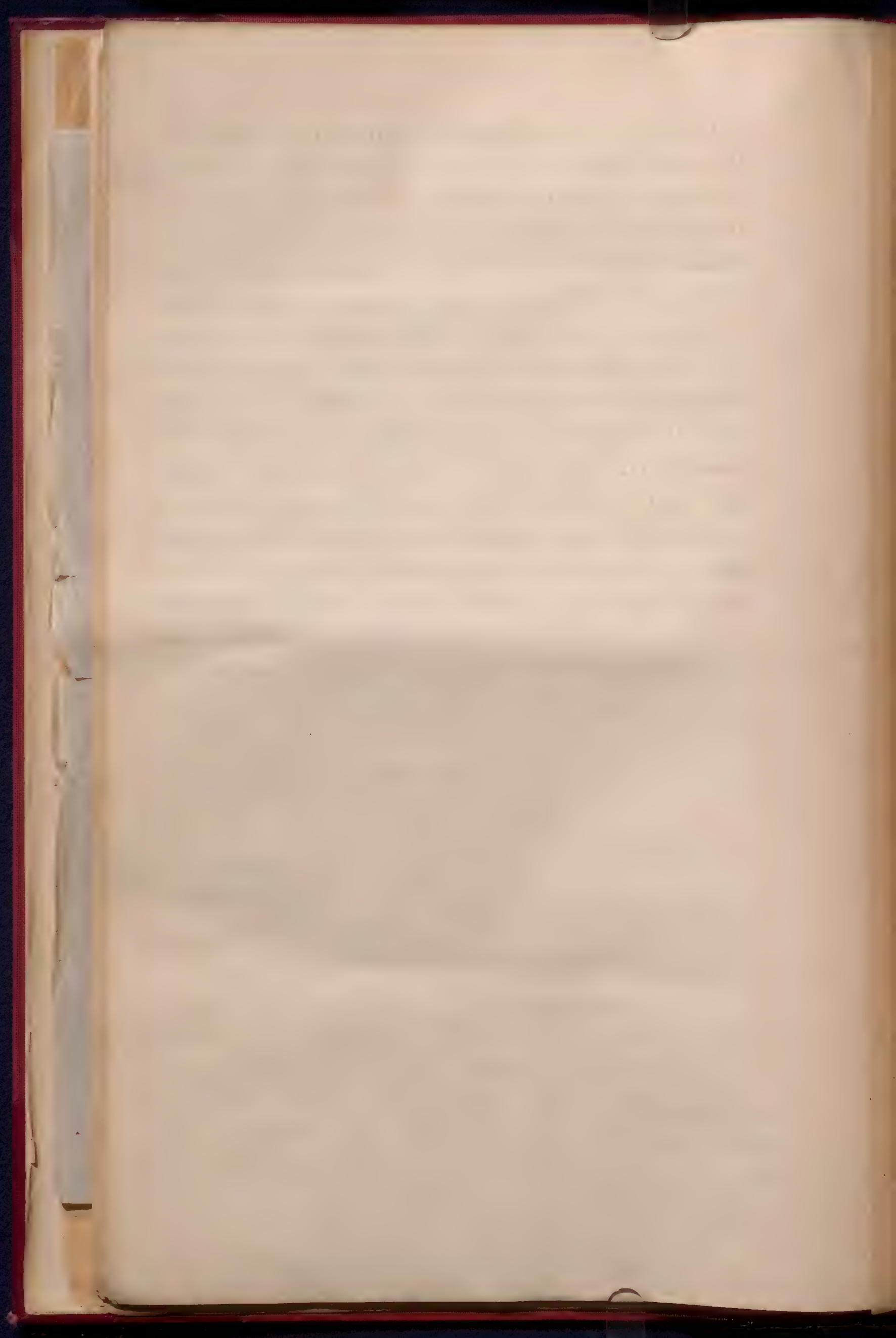
rest of David's hair. I remembered once her face the strange singu-
larity which the late King James was to a naked scene, whereas the
cause was ascribed, in regard very Scotch lords had allowed once
violently into the bed-chamber of his Queen his father, while she
was with child of him, where her Secretary, an Italian, was sta-
tioned some distance for her, when they entered, and killed with
naked swords before her face, and threw his at her feet, and then
gave so barbarous, that there scarce but little but that they had
hurt the Queen not well, and endeavored to save her Secretary, by
interposing her self, at least her skin was torn in several places.
Quentin Durward married at this time. Hence it came that her son
like David and such an overcast till his life time to a dark spot,
that he could not see one without a great smile of his spirit,
although generally courteous enough, yet he could not over-look
his passion in this particular. I remember when he came to
school, in the company of passing the point of the shield over
my shoulder, he could not endure to look upon it, but turned his
face another way; however, that is less of Scottishry than
he has since marked the point with an eye, and now the time of
cocking has guided his last visit.

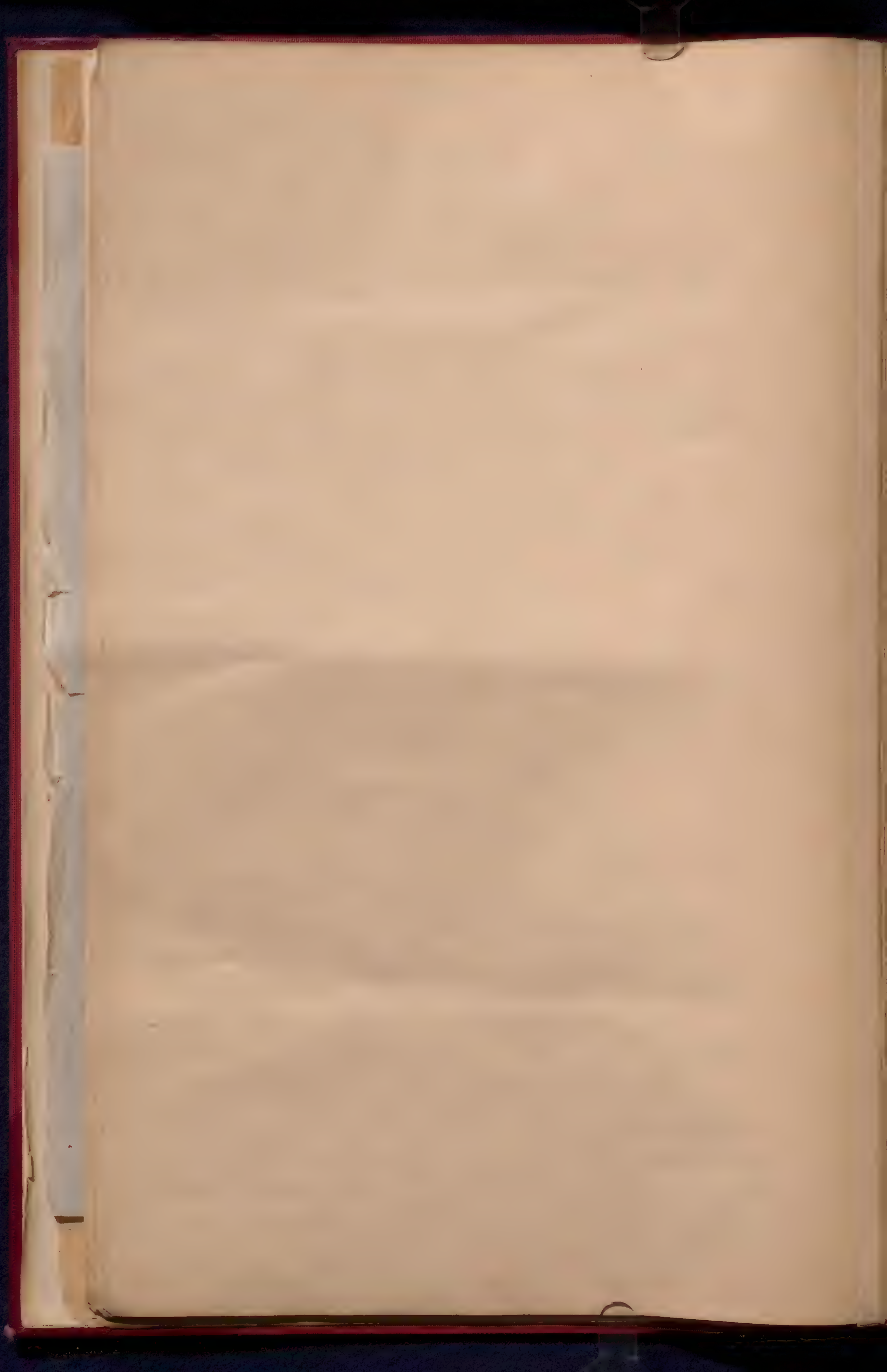
I attended her several such stories to raise her attention that
a strong illustration of the author's style could have been im-
posed upon the soul of his child to his particular. However, I may
consider how attractive you are to your children, and that you have your
scrivener in your imagination; for, I thought, that you have looked
upon that sex since you were in this room, in the kitchen-dinner.
Have you therefore no apprehension that your child may be torn with
half-hills upon his face; or rather that will the black ink you brush
up and down in small portions, may be still in use, and be in the
sight of his forehead, and most awkward and ridiculous part of the
visage, and may be as broad as a forehead, and then what a scene would
it be to the child, first, said so, rather than that which happens,



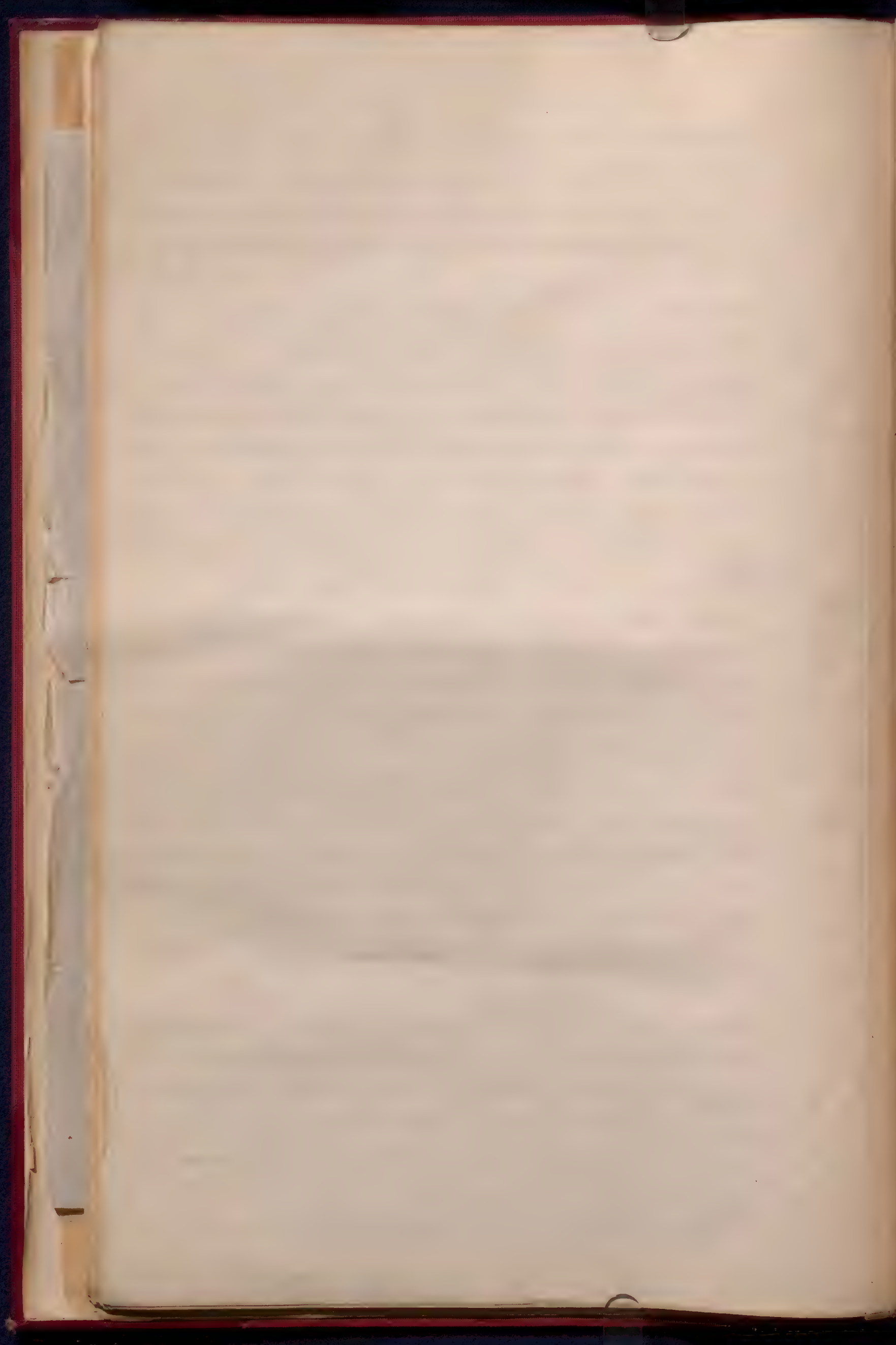
17

I will wear no more patches while I am with child: Therefore at that instant she pulled them all off, and burnt them away. When her friends saw her afterwards without patches, they wondered how it came to pass, that she who was esteemed to be one of the most curious beauties of the Court, in point of patches, should so suddenly give over the wearing of them: she answered, that her uncle, in whom she had a great deal of belief, assured her, that if she wore them, during the time she was with child, the infant would have a large black pimple in the midst of his forehead. Now, this conceit was so lively engraven in her imagination, that she could not be delivered of it: And so this poor lady, who was so careful that her child might not bear some black mark in his face, yet she could not prevent, but it came so into the world, that now he has a spot as large as a cross at this in the midst of his forehead, according as she had figured it out in her imagination: At all of which (that she brought forth, very beautiful children, this daughter. And tis not few months ago, that I saw her marking the red gold or spot which proceeded from the force of the imagination of her uncle."

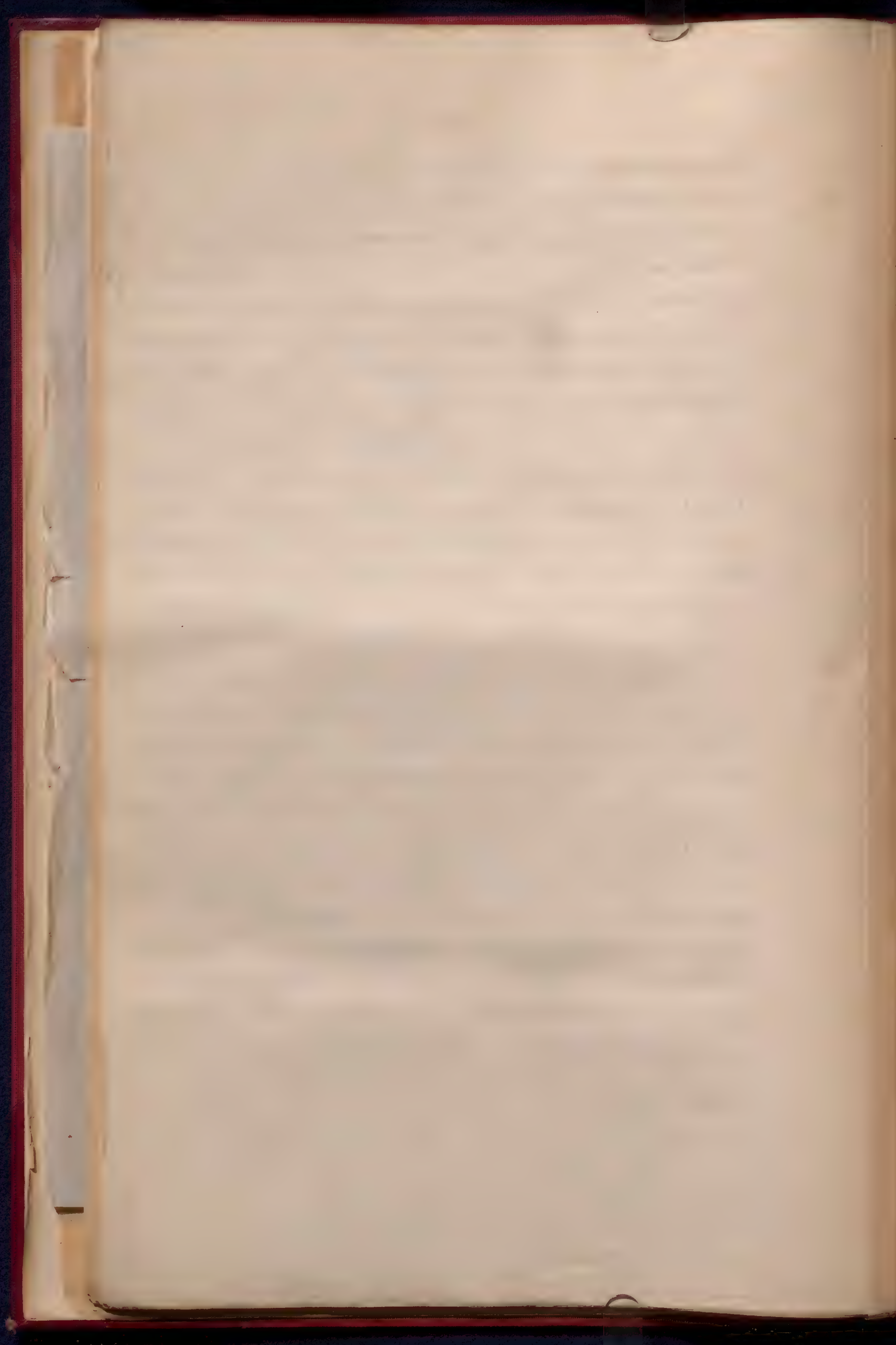




"He had a very pretty and delicate child, and because he would not
allow his slaves upon him, he entertained the nurse as his house,
I saw his office, for he was a practical man, and of good address,
and I had occasion to use such a man; One day I found him very sad,
and his wife a weeping, whereof demanding the reason, they told me
that their little child was very ill, and that he had a burning fe-
ver, which inflamed all his body over, which appeared by the red-
ness of his face, that he forbore himself to go to school, but he
could do little, and that little which he did was covered with blood,
and that he refused also to work; and that which troubled them most,
was that they could not conjecture any more how their indisposition
should befall him, for his nurse was very well, but still was as good
as could be wished; and in all other things there was as much care
had of him as could be; I told them that the last time I saw with
them, I observed one particularly whereof I thought fit to give them
notice, but something or other shall direct me, it was, that their
child was a sign that he was intended to be put on the road, he
was full of exercise on the ground, and his nurse (usually that
the first-arrival, and covered it with waters, and then threw it
into the fire, the nurse began to weep for sorrow, that they were
not so careful to correct this ill habit of the child, saying that
as he advanced in years, he would be corrected for it, I replied,
that I was not for this justification that I said this discourse with
me, but I was curious to know the reason of her child's disorder,
and consequently to find some remedy,.....and I made reflec-
tions upon them upon that which they had often heard, and what is
often practiced in our Country, which is that within the villages
which are situated in the winter, if it happens that there be a
fervor which is more greater than others, and the nurse were usually
the appearance to his nurse that his neighbours do, the boys are
to come together in the third time, so that it begins to be dark, to
discharge their bellies there, because that in such villages there
is not such company of servants, besides that in such places as

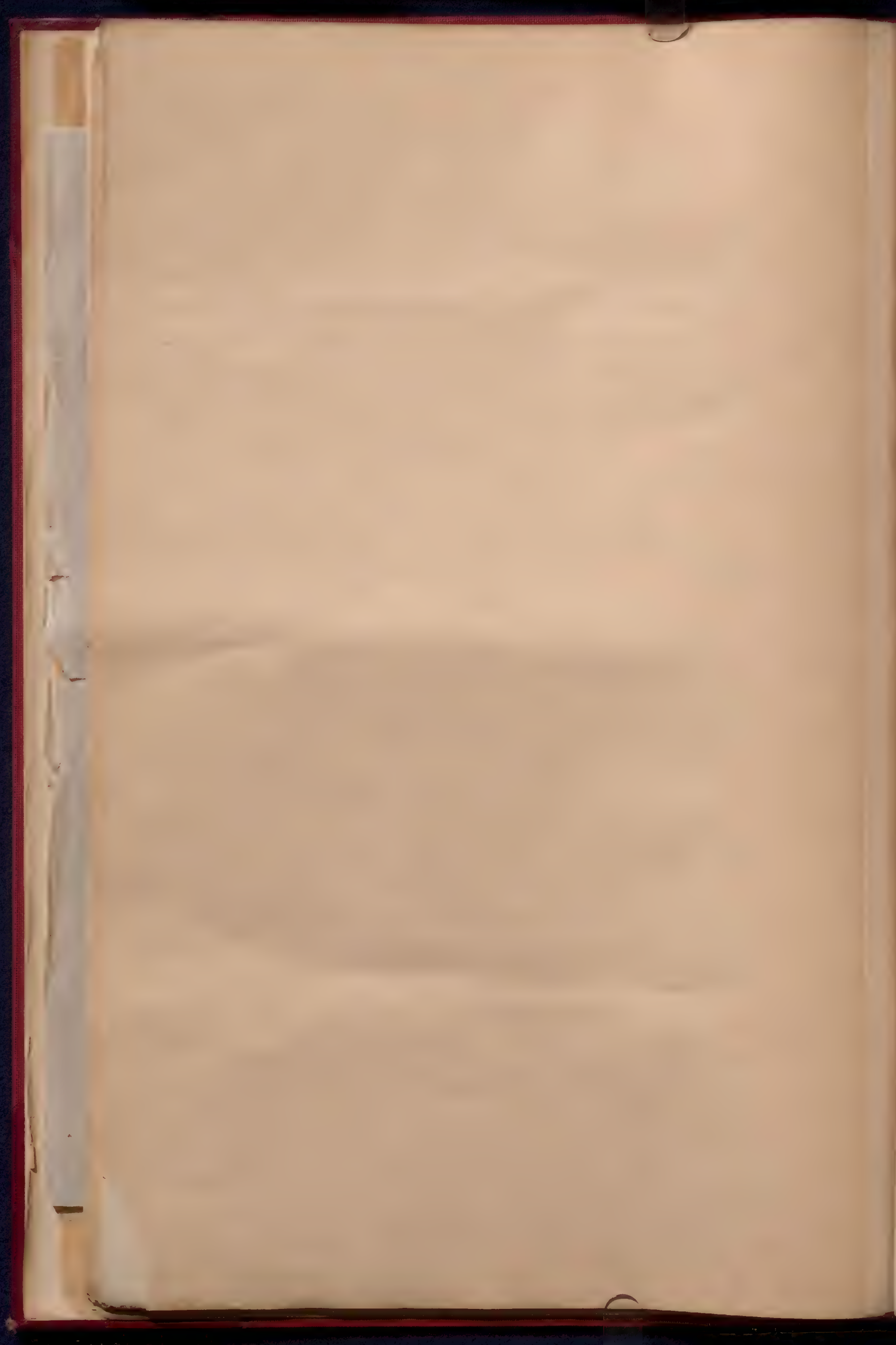


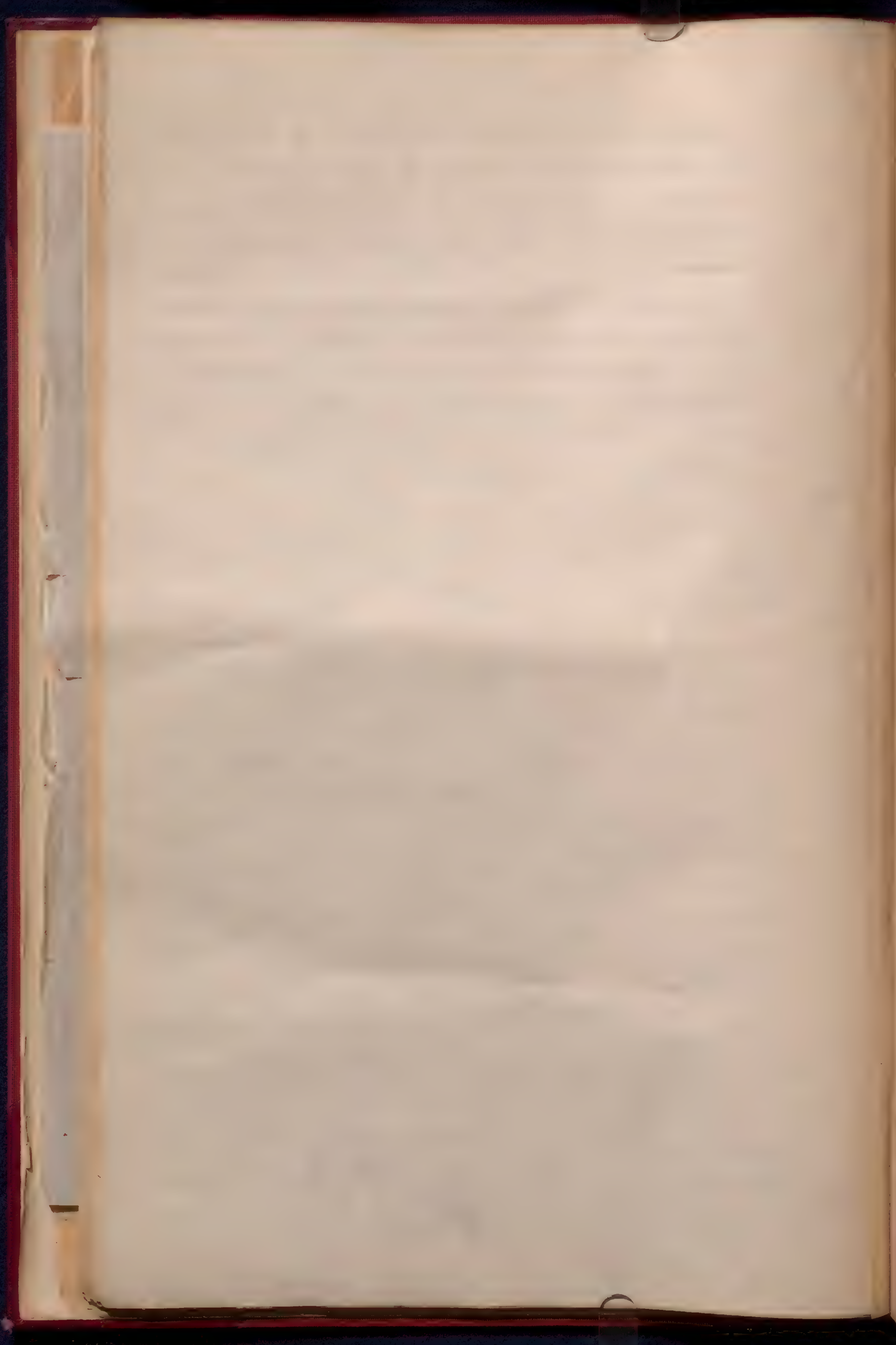
fittedly accommodated these deliveries, the doors are out of danger as
sink into the dirt, while elsewhere about the side of either line their
success, but the good housewife in the morning when they open their
doors, are to find such an ill favoured small rent transparent and
with enquirer. And they are accompanied with their voices to pre-
sently and find red hot a brood of five-children, and they every moment
it into the excitement all out, and when the five-children, they said
it again of children to the late summer; in the morning the day
which made the mother find a kind of pain, and smiling in his eye-
balls, with an expression in his forehead and a small smile
to go to school, and he is happy out of it all by winter I find
of lower and last day, which is the case that is mentioned above in
note; and there where it is found that with all the same
the important for the children, and is also with a smile with the
child, since they cannot sleep in their familiar places or
familiar time. This continued till the day when the child
have already told you but was not yet further and I find the child
he would not further but was not yet further and I find the child
could be made that it was, and refined; and when the child was, he
would find that it was that it was, and refined; and when the child was, he
long after that this was not yet further and I find the child
and pain and difficult to be as before and when the child was in
line of nature is said the day, or the day when the child was, I
would be put into a house of old where where was not in a free
place, which was continued to be that day, after that the child was
continued, and he was to be made the day when the child was, and when the
of the child as before and when the child was, and when the child was.

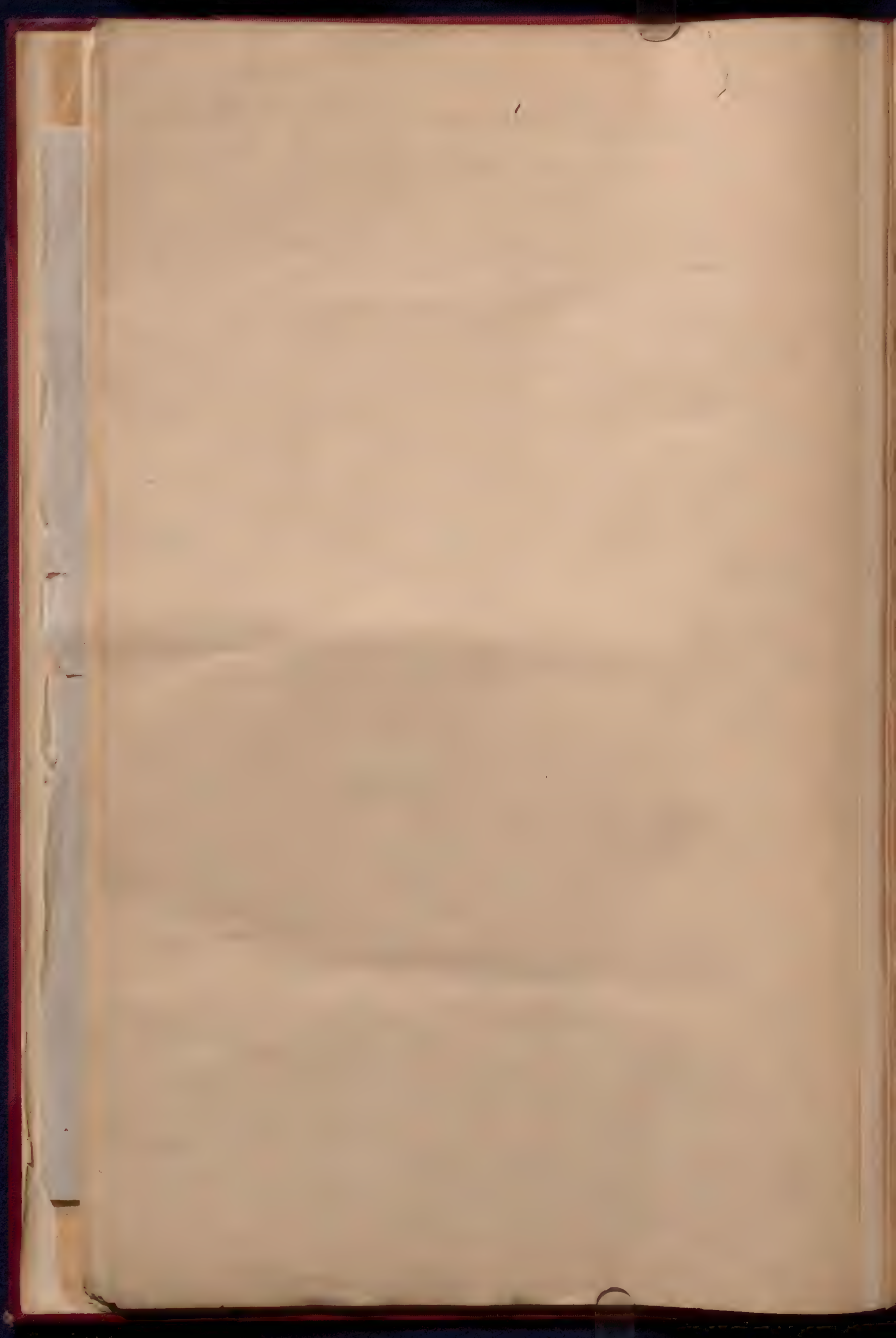


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[Marty-Laveaux's note on the Powder of Sympathy in connection with
Corneille's *Le Menteur* is in vol. 7, p. 209 (Paris 1862) in the *Grande
Écrivains de France* ed. of Corneille. (L.L.M.'s note on source of passages still better)]

Monsieur Marty-Laveaux, in a note on
the lines:

"Has no one told you of a source of life
which our warriors call the powder of sympathy?"

makes certain comments, with which we are
unable fully to agree. The general opinion, he
says, is that it was Sir Kenelm Digby who
brought this pretended remedy to France. He
disclosed its principles before the Académie de
Montpellier in an undated discourse, which, however
was licensed to be published Dec 21st 1651, and
a lively controversy sprang up on the subject.

But we can see that the powder of sympathy
was talked about at a much earlier date.

A special treatise had already been published
in 1647 under the title; *Nicolaus Papinii
de pulvere sympathico dissertatio*. ~~See~~ we can

go back still farther, adds M. Marty-Laveaux;
the ~~ed~~ 1644 edition of the *Abregé Chirurgical* by
Honoré Lamy is augmented by a "Discourse on
the powder of sympathy," by M. G. Sauvageon. In
it we find a reference which brings us back
to the exact time when Corneille makes ~~See~~
Sorante speak. "You must know," says the
author, "that it is some two or three years since
this powder began to be used in this Kingdom;
but it was first fully introduced in the
year 1642 in the army of Roussillon." The
formula had been bought for fifty Spanish
pistoles.

But is it not more probable that this powder, by reason of its date, would be the sympathetic powder of François Valory (1643), mention of whom Dr A. Chéreau, librarian of the ^{Faculté} ~~Académie~~ de médecine de Paris, has found on page 209 of Vol XIII. of the Commentaires de la Faculté de médecine de Paris, Commentaries, the twenty four volumes of which comprise "a curious collection of Charlatans of all shades and categories, illicite praticantes, Aggrtes, nebulones, and other poisonous animals of the same kind." In fact, the Montpellier discourse is not dated, and its publication was licensed only on Dec. 21st 1654⁵⁷. I know for sure that the discourse was reproduced from 1647 by Nicholas Papin in his De pulvere sympathico dissertation. But we know on the other hand that it was only in his last years that Sir Kenelm Digby gave himself up to alchemy; after all, it seems quite probable that Valory's method was not taught until after the excitement about that powder "openly introduced in the year 1642 in the army of Roussillon", that is to say, at the very period when the comedy, Le menteur, seems to have been presented for the first time.

However, if the powder of sympathy "as our warriors call it" is indeed that of François Valory, on the other hand the remark of Dorante to Cliton,

"The powder you tell me of is but a common thing
we no longer set store by it,....."

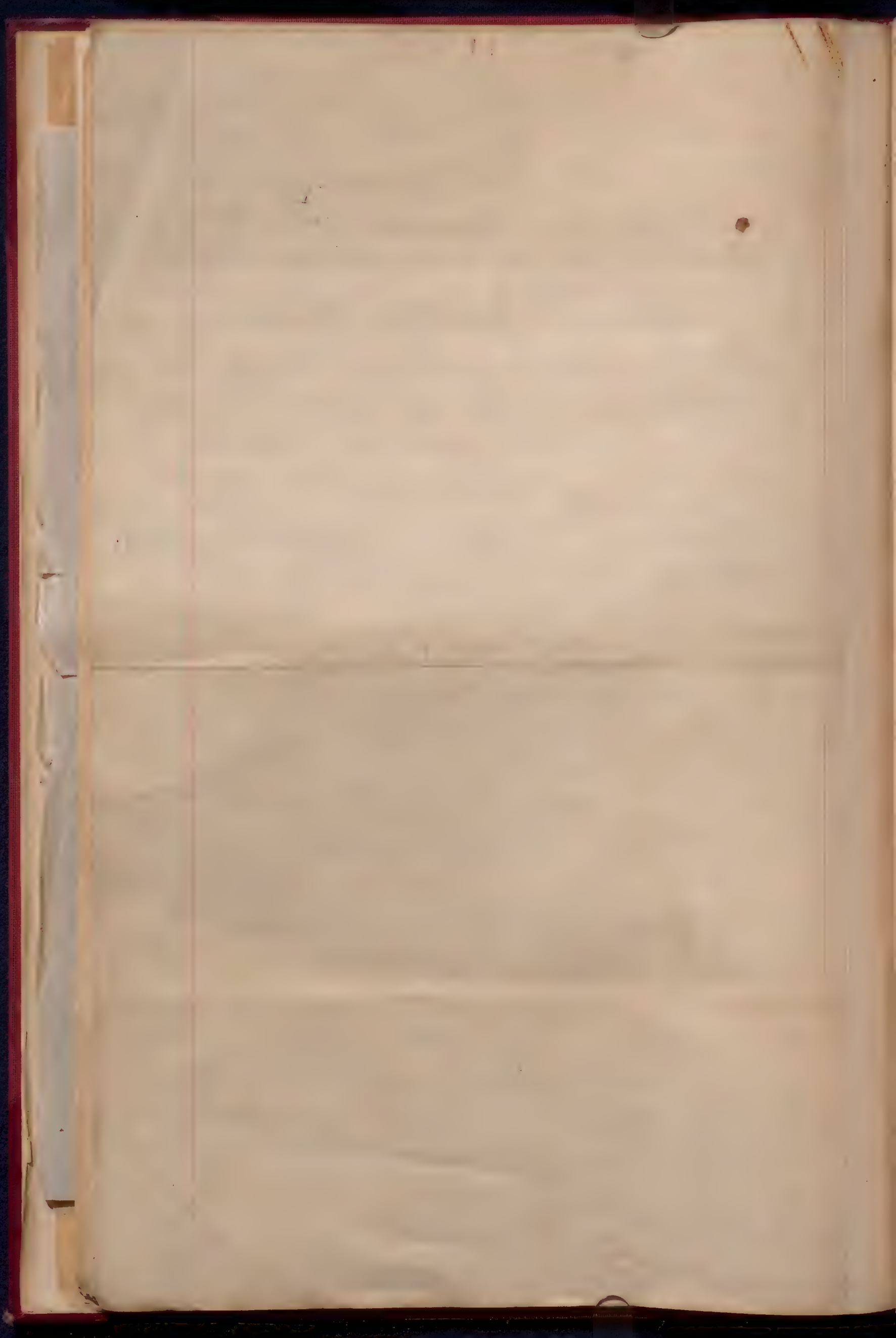
referring again to the same Valory, would we not be right in admitting that when Dorante adds:—

"But, Cliton, I know one
which recalls men even from the gates of death"
he alludes to the discovery, or better the invention of Sir

René Digby, whose quite recent fame
would be supplanting Valory's.

Although this interpretation seems to us
probable enough, yet we do not dare, ^{for} ~~at~~ the
present ~~time~~, at least, to put anything but a
mark of interrogation after it. We will only
add before closing, that M. Ch. Marty-Laveaux,
to whom we lately imparted our doubts, asking
his advice, has answered us in these words:

"Le menteur, printed Oct. 31st 1644, had been
acted, according to the most widely accepted opinion,
in 1642, but perhaps only in 1643; ~~there~~ therefore it
is very probably François Valory whom Corneille had
in view in the third scene of the fourth act.

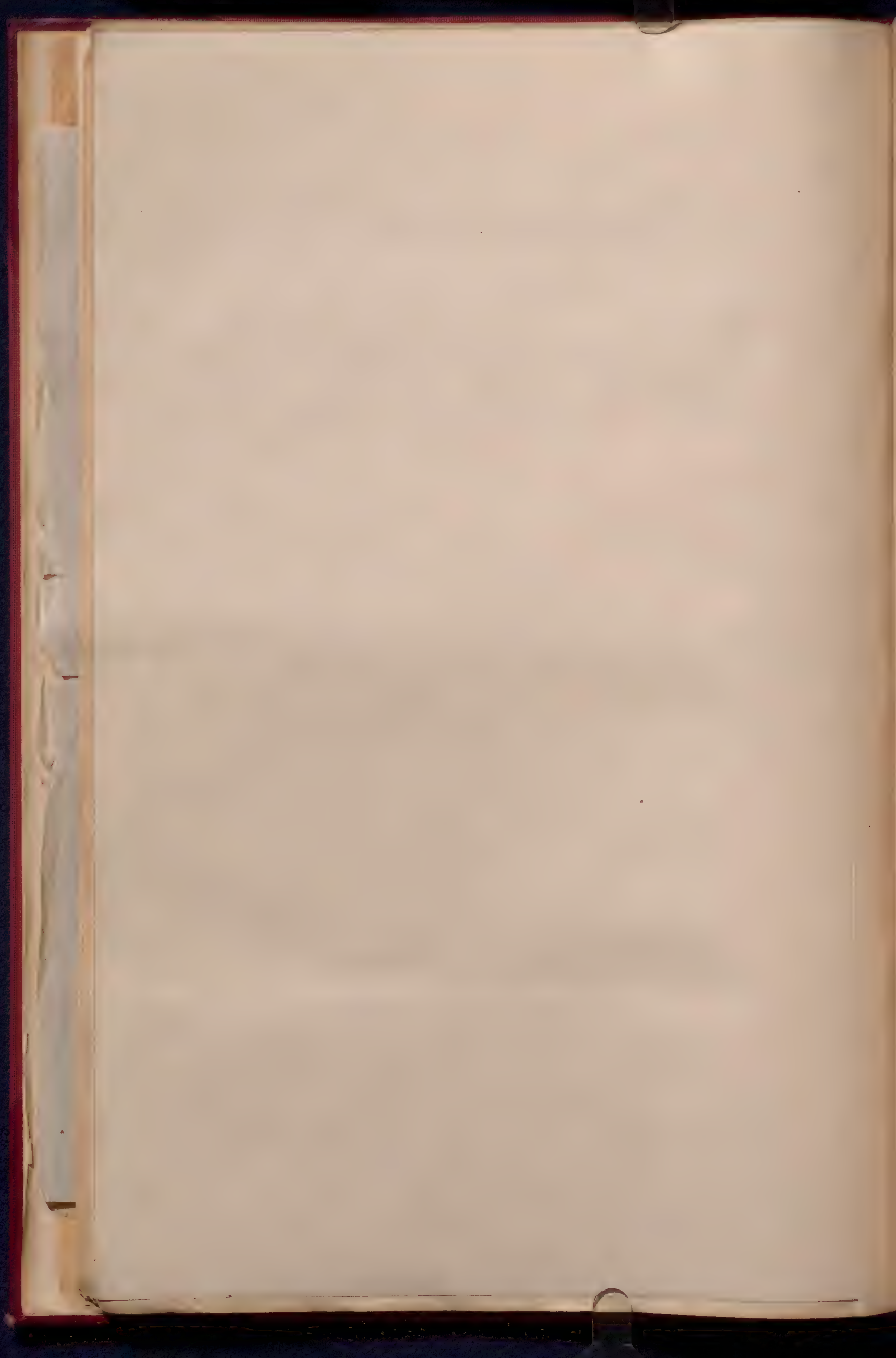


"Poetry of Sympathy" - with colored ink

A draft of an article entitled

"Auenbrugger on the Art of Percussion"

[written at Baltimore; not published. Leaves
are consecutive but possibly one or more
missing at the end]



34

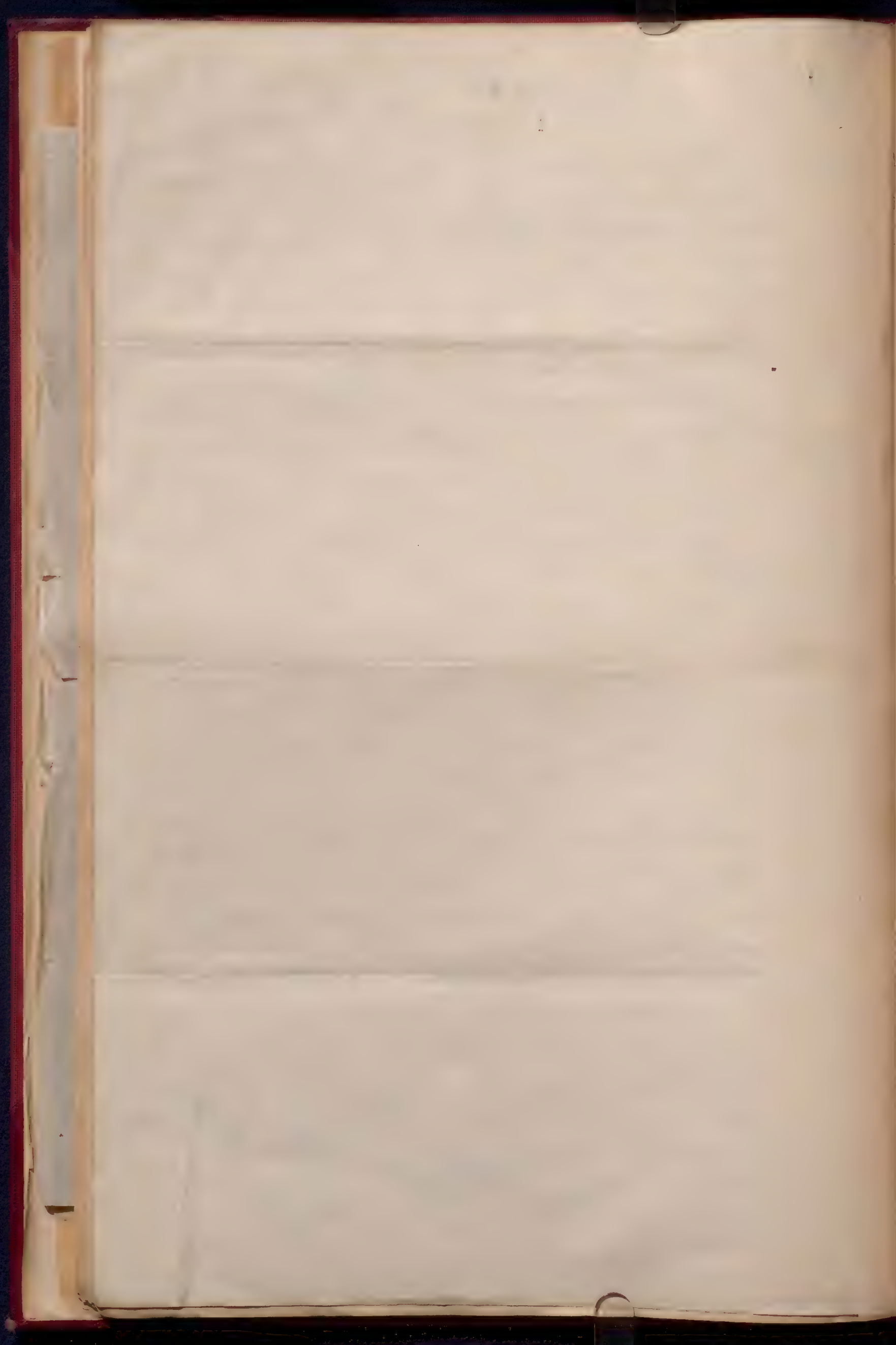
Auenbrugger on the Art of Percussion.

It is strange that two of the greatest discoveries in practical medicine should have been so slowly received by the profession. ^{the almost universal adoption} Auenbrugger lived to see the ~~use~~ of auscultation ~~universally adopted~~, but the discoverer of the art of percussion, Leopold Auenbrugger, though he lived long beyond the allotted period, went to his grave unhonored, so far, at least, as this special part of his work was concerned. ^{18th} Before the middle of the ~~18th~~ century, when Auenbrugger began his studies, percussion had ~~countless~~ been practised ever from early times, but ~~it was used, so far as we know, exclusively by the old Greek physicians and their successors to distinguish the various types of diseases.~~ ^{only} ~~it was used, so far as we know, exclusively by the old Greek physicians and their successors to distinguish the various types of diseases.~~

^{who} Auenbrugger ^{placed} the art on a sure and scientific basis. ~~Auenbrugger was born in Graz, September 22nd, 1722. He pursued his medical studies in Vienna, and at about his twenty-ninth year became physician to a Spanish military hospital in that city, in which position he served until about 1760, after which he lived and worked as a private practitioner in Vienna. He was a man widely respected and beloved, and died in 1809 in the eighty-seventh year of his age. He was by no means a voluminous writer; and in addition to the work in which he describes his new discovery the only papers from his pen relate to the discovery of a supposed specific remedy for mania, and one on suicides, and a notice of cure in epidemic dysentery. He also wrote a drama. The work which has made him famous was a small publication issued in 1761, entitled Inventum Novum ex Percussione Thoracis Humani ut signo abstrusos interni pectoris morbos detegendi.~~

This was no rash, hastily prepared monograph, but a work over which, like a true Pythagorean, he had brooded in silence the prescribed seven years.

The second edition of the work was issued in 1766. In the preface Auenbrugger says that he was prepared to suffer ^{the} envy, jealousy, and hatred, which never fails ^{to attend} those who endow the science of medicine, but he would not be denied the fruit of his careful observations. It



does not appear that he was subject to any of these indignities, but he suffered from what was much more serious, simple neglect. With the exception of a mere recognition from Stoll, the Inventor never made any progress whatever, and may be said, indeed, to have aroused no special interest during the rest of the century.

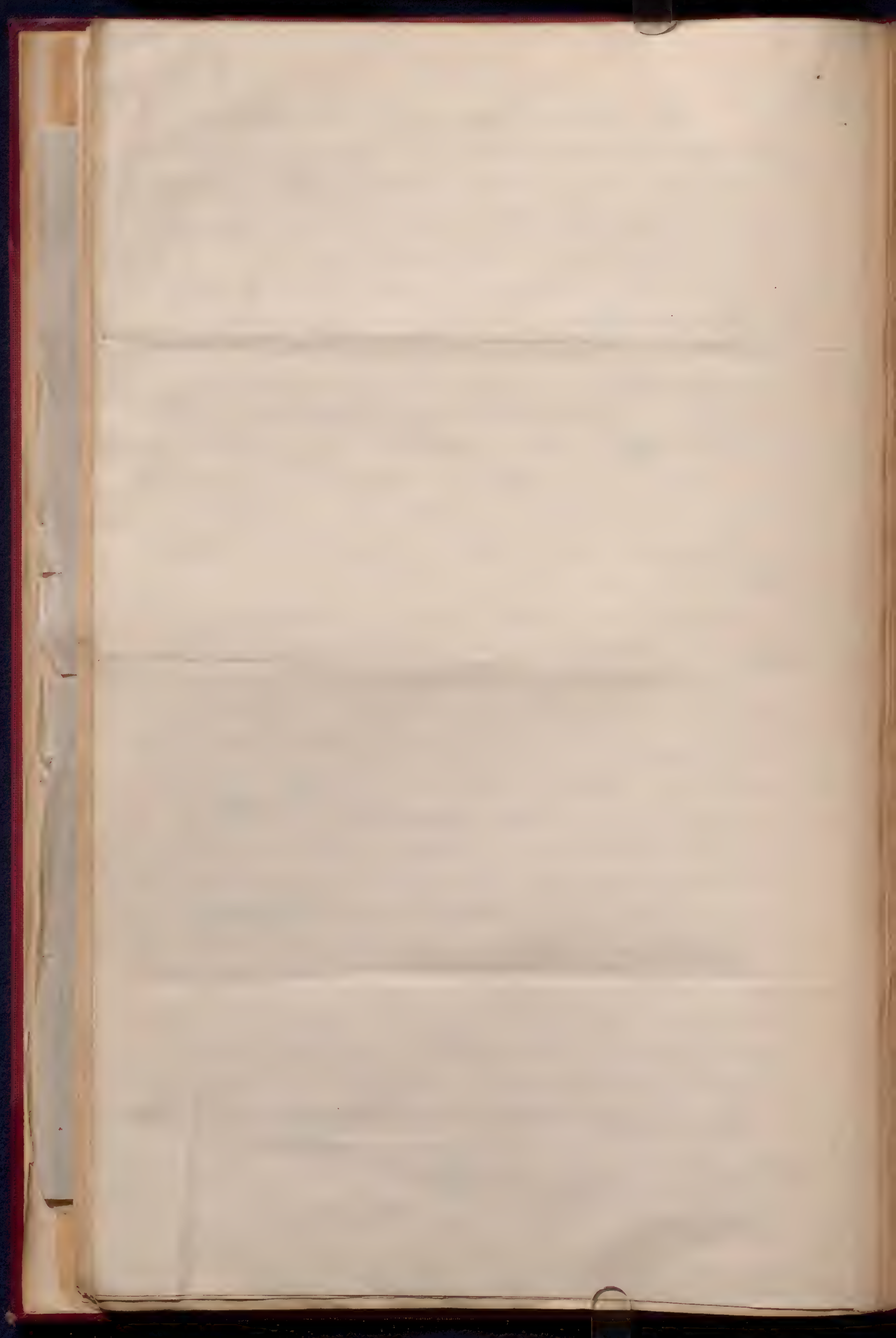
In 1840 Corvisart discovered Auenbrugger, translated the Inventor's book, ~~and in giving~~ it all the credit of a great discovery, that was ~~more~~ ^{even} important, lent to it the weight of his great authority. As Auenbrugger did not die until 1808, we may reasonably hope that he had received Corvisart's translation of the Inventor's book, and ^{had} realized ^{perhaps} ^{that} ^{at last} his ~~great~~ discovery was to be recognized.

Through the labors of the French physicians the art of percussion came into general use. The Inventor's book was reissued in 1842 with a preface by Stoll, who supported the doctrines of Auenbrugger, which had been called in question.

The little work is somewhat remarkable in its arrangement, and consists of a preface, a monition, and a synopsis of observations. The preface begins quaintly with the request: "Dear reader give your kind attention to a new sign discovered by me for the detection of diseases of the chest. This sign consists in the percussion of the thorax, and in the judging of the condition of this cavity by the variations in the resonance. ~~He then states that~~ ^{making the} ^{After discovery} ~~that~~ he has no further scribendi, but that he spent several years in observation and study. He everywhere speaks with a positiveness born of long and accurate experience of the great value of ^{his invention} ~~his discovery~~.

Following the preface there is a very quaint "monition ad omnes medicos", in which he assures his brethren that the sign about which he treats is of the utmost moment, not only in the recognition, but also in the cure of disease, and that it is deserving of a place immediately after the exploration of the pulse and respiration.

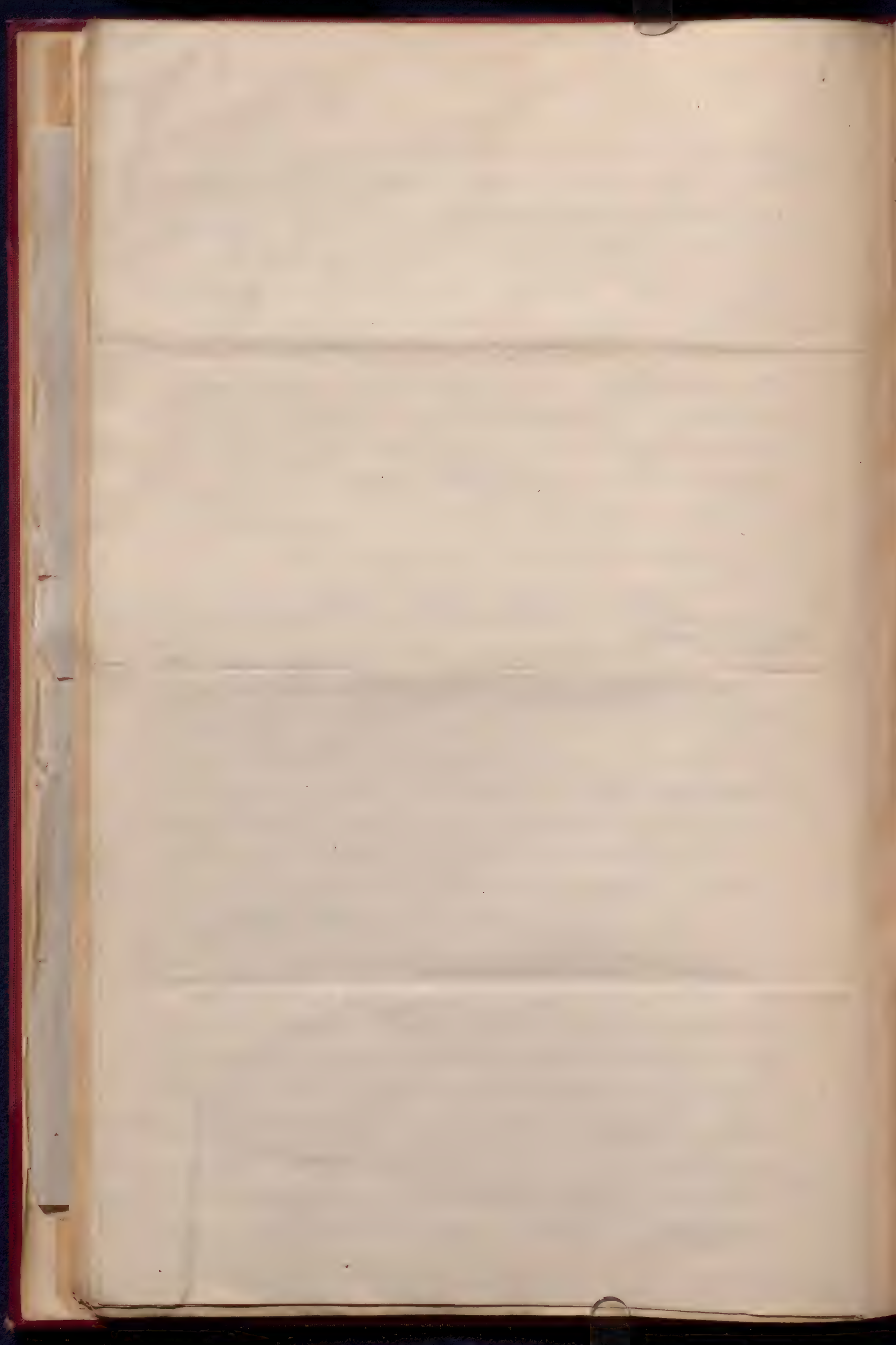
The work itself consists of fourteen sections, in which are found forty-eight propositions or texts, each one of which is followed by an explanatory section. The first of these is the statement that the thorax of a healthy man when struck gives out a note or sound.



then follow statements as to the limitation of the regions of the chest in which this sound is obtained. The method of percussion recommended was the immediate; that is, directly with the fingers upon the chest. His directions are "let the chest be percussed by the tips of the fingers, which are placed side by side, and stretched out straight." He advises that the chest should be covered, or a glove used on the hand to obviate the shock which occurs when the bated chest is struck. Percussion should be made slowly and softly, and he notes the differences in thin, stout, and muscular persons. He speaks also of what is known as respiratory percussion; that is, ~~noticing~~ ^{the note in} the difference between full inspiration, and full expiration. Auenbrugger gives the excellent advice to get the ear accustomed to the normal note by frequently percussing healthy chests.

The eleventh proposition contains the important and fundamental statement that ^{it is an indication of disease not to find a clear percussion} ~~in a region of the chest which in health gives out a clear sound, when percussed and this clear sound is not elicited. It is an indication that there is disease within the chest.~~ ^{clear sound} Auenbrugger recognized three changes in the percussion note; the sonus altior, which was higher in pitch; the sonus extensor, which was softer, and the sonus carius percussus, or the thigh-tone, similar to that when the thigh muscle was struck, and which is the equivalent of our flat note.

He was not content with his clinical observations alone, but he controlled the study at the bed side with experiments, and noted the changes in the percussion when the pleural cavity was injected with fluid. He has carefully studied the changes in the percussion note in the various acute and chronic diseases of the lungs and pleura, more particularly, of course, of the latter associated with large exudates. In acute inflammatory diseases of the chest he states that the flatter the percussion note, and the nearer it approaches the sound of the thigh, the greater is the danger. Left-sided flatness is more dangerous than the right, and flatness in the upper and anterior parts of the chest are less dangerous than the lower part. Almost fatal is it when one half of the thorax is flat. Extensive flat-



ness in the heart region is also very fatal.

Special sections deal with scirrhus of the lung, the percussion signs of various cavities, of empyema, and of hydroth or water in the chest on one or both sides. Hydroth of the pericardium, extravasation of blood into the chest, and aneurism of the heart are also considered.

When we think that ^{m 1761} ~~at~~ the time of the appearance of this book in 1761, the art of physical diagnosis had not really advanced very much beyond that practised by Hippocrates, we can appreciate the enormous ^{import} ~~value~~ of the invention of Auenbrugger. As Stokes has remarked, so important is his position in this respect that he may well be called the founder of modern diagnosis.

From the various somewhat scanty accounts which we have of his life, and of which have been collected by Professor ~~Robert~~ Clark of Graz, we learn that he was a man devoted to the care of his patients, and ready always to aid the poor and suffering, and not only so, but his kindness of heart extended to help poor students who were necessitous of his country.

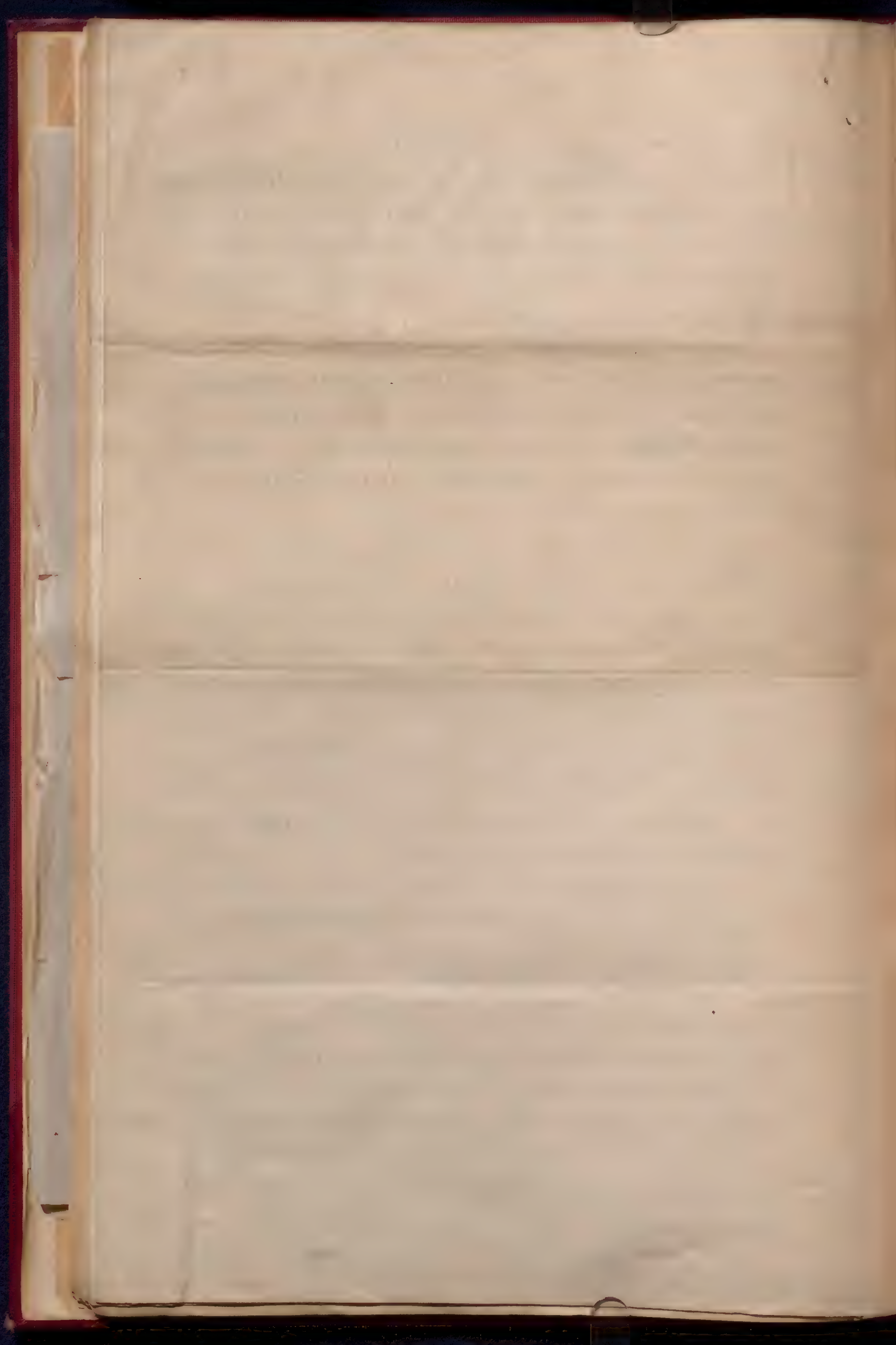
The concluding sentence of the Inventur Levur speaks for his good heart, as the material in it attests the clearness of his intellect. "Deest nec miseris acribus in solatione, veris autem medicinis cunctibus in incrementum artis: laus est!"

Cervisart's advocacy of the practice of percussive exploration it immediately, but in the hands of certain French observers it was carried to somewhat fantastical extremes.

Picorry in 1822 published a monograph on immediate percussion, and brought forward the view that every organ yielded its own special and peculiar percussion sound. He had femoral, fœderal, cardiac, colicinal, intestinal, stomacal, osteal, musclicore, and dysatic. Picorry also invented the pleximeter, which in various forms is in common use. He states on page 27 of his work that it was the English and American physicians attending his lectures who showed him the use of the finger as a pleximeter. The invention of Mintrich some years later of

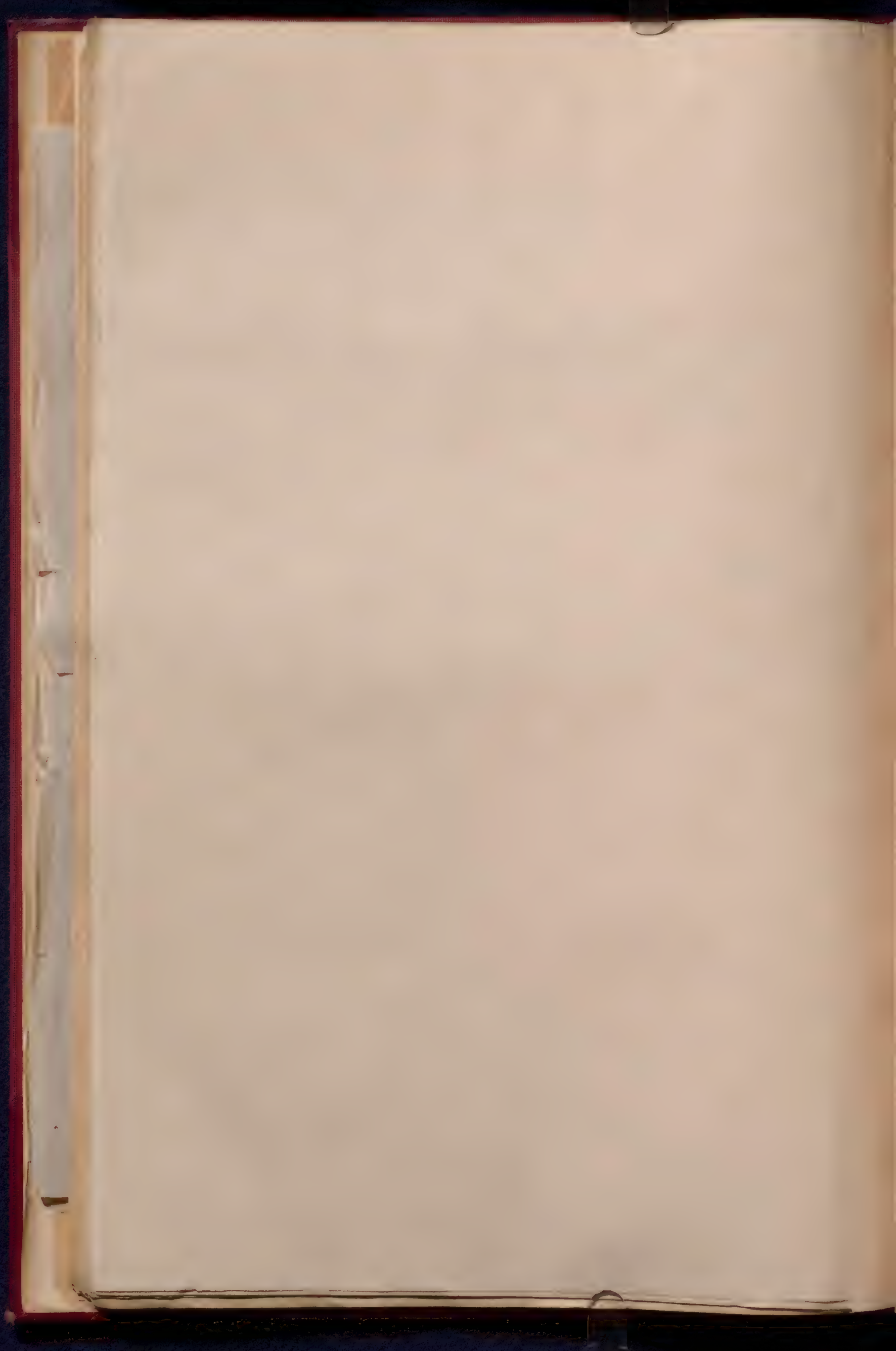
a special hammer completed the mechanical accessories to the art.

In the library of the Surgeon-General's Office, Washington there is a very complete list of the editions of the *Manuel de Médecine*. That of Professor Clark (1867) is not difficult to obtain.



"Acute Pneumonic Phthisis
Clinical Lecture at the Radcliffe Infirmary
May 28th, 1912."

[not published]



"Power of Sympathy" - with colored plates

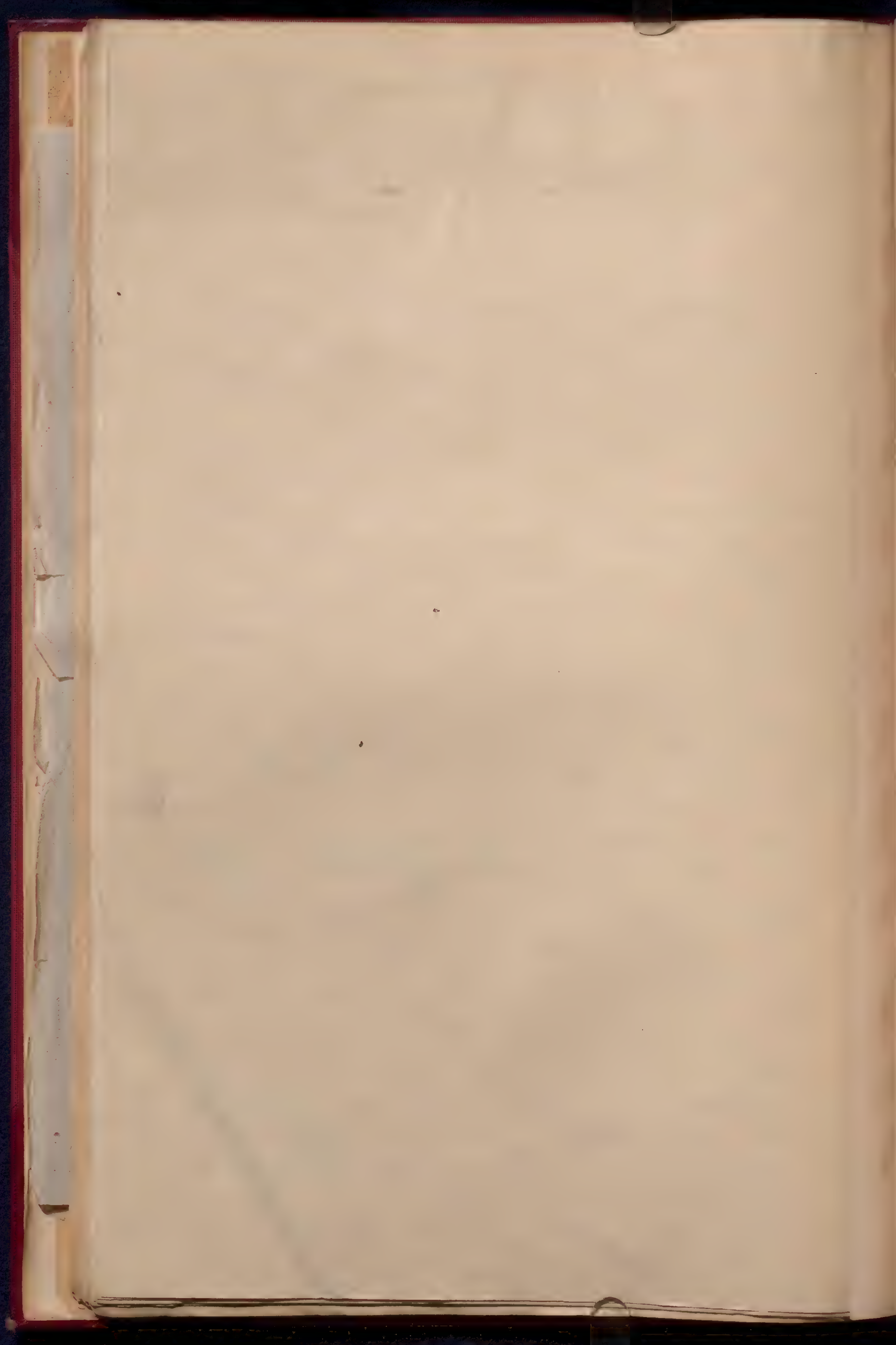
ACUTE PNEUMONIC RHINITIS.

CLINICAL HISTORY AT THE HARVARD INFIRMARY

MAY 28th, 1917.

The boy, Frederick H. with acute pneumonic rhinitis, in whose case we have been so much interested, died last week at his home, and by the kindness of Mr. Harold Thompson and Dr. Noble we are able to see this remarkable lung.

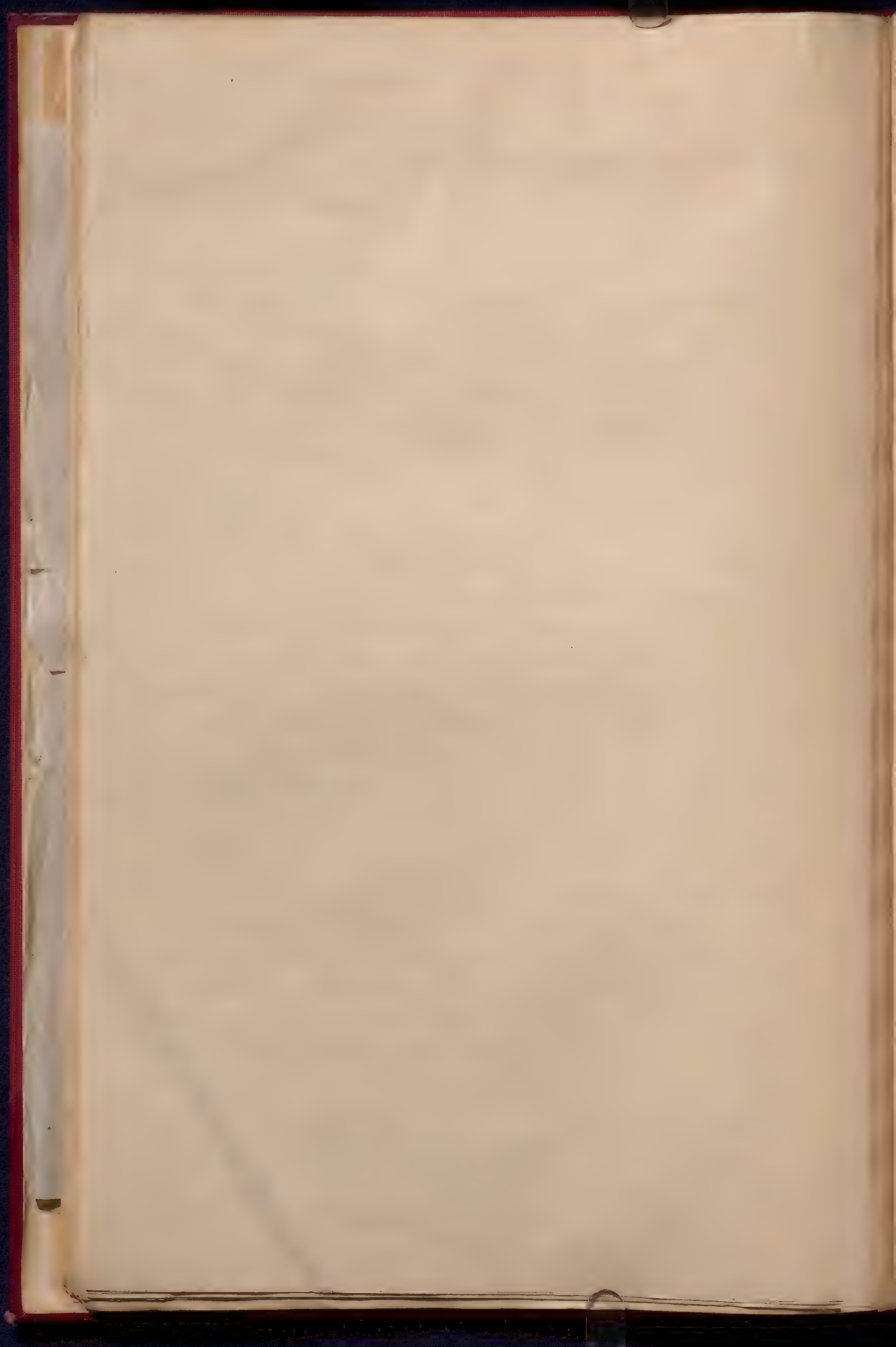
Let us first refresh your memory as to the main features of the case. He was aged 19, had a good family history, and he had himself been a healthy lad. The only suspicious feature in the history was that last autumn he spat up a little blood. Lately he has not been feeling so well and has had a slight cough. The onset of the present illness was with a severe chill which came on while he was at work. He was seen by Dr. Proudfoot, who sent him at once to the Infirmary. On admission he looked pale and somewhat delicate; the temperature was 102 and rose that night to 103.4. There was pain on the right side, but the physical signs were not ~~very~~ definite - a few crepitant râles in front and behind, slight impairment of resonance in the right axilla, but no bronchial breathing. The following day there was a well marked friction, ^{with increased resonance} ~~the dullness had increased~~ in the ^{right} axilla, ~~and there was~~ bronchial breathing, ^{and} ~~with~~ increase in the vocal fremitus. The cough was slight, not troublesome, the expectoration was thin and not rusty. I saw him on the third day after admission. The right side moved much less than the left; the percussion note was impaired from the second rib in front extending into the axilla, and in the scapular region behind ~~it~~ was quite flat; there ^{was} ~~was~~ well marked friction ^{with} ~~and~~ tubular breathing and some fine râles, and the vocal fremitus was greatly increased. The expectoration was blood-stained, tenacious, with many pneumococci but no tubercle bacilli.



There was no question that he had an acute, rapidly extending consolidation involving a large part of the right lung. From the very onset, the physical signs, the character of the expectoration it seemed ~~most~~ probable that he had ordinary pneumonia; but a reservation was made ^{as to} ~~on~~ the possibility of tuberculosis; ~~as~~ the boy looked delicate, ~~and there was a history of a~~ ^{had been} slight cough, and, what was more important, he had spat up a little blood last year.

From this time on the disease extended, involving the greater part of the lung, with physical signs of a most typical character. The sputum was scanty, tenacious and occasionally blood-stained. The temperature ranged from 101° to 103° ; he wasted rapidly, sweated a good deal and looked very ill. On December 7th, ^{to day} tubercle bacilli were found in the sputum. During the third week of the illness the temperature range was not so high, not once reaching 103° ; the respirations were about 28; the pulse rarely went above 100. The physical signs were very remarkable - more particularly on percussion. Upon and beneath the clavicle the note was never absolutely flat, ^{but} always had a tympanitic quality; from the 2nd rib there was flatness, except at the extreme base near the spine, where there was an area which gave a typical ~~Kodak~~ Kodak resonance. Over the middle lobe close to the sternum the note was never quite so flat, and it became exquisitely tympanitic. The breath sounds were intensely bronchial, and in the scapular region and extending into the arm-pit they had an amphoric quality very suggestive of cavity, but the breath sounds were dry, without large râles and without metallic tinkling. The sputum was scanty, not greenish in colour, only a few tubercle bacilli were present and no elastic tissue. For ~~these~~ three weeks the patient looked very ill; he lost rapidly in weight, sweated a great deal and his condition ^{was} ~~looked~~ serious.

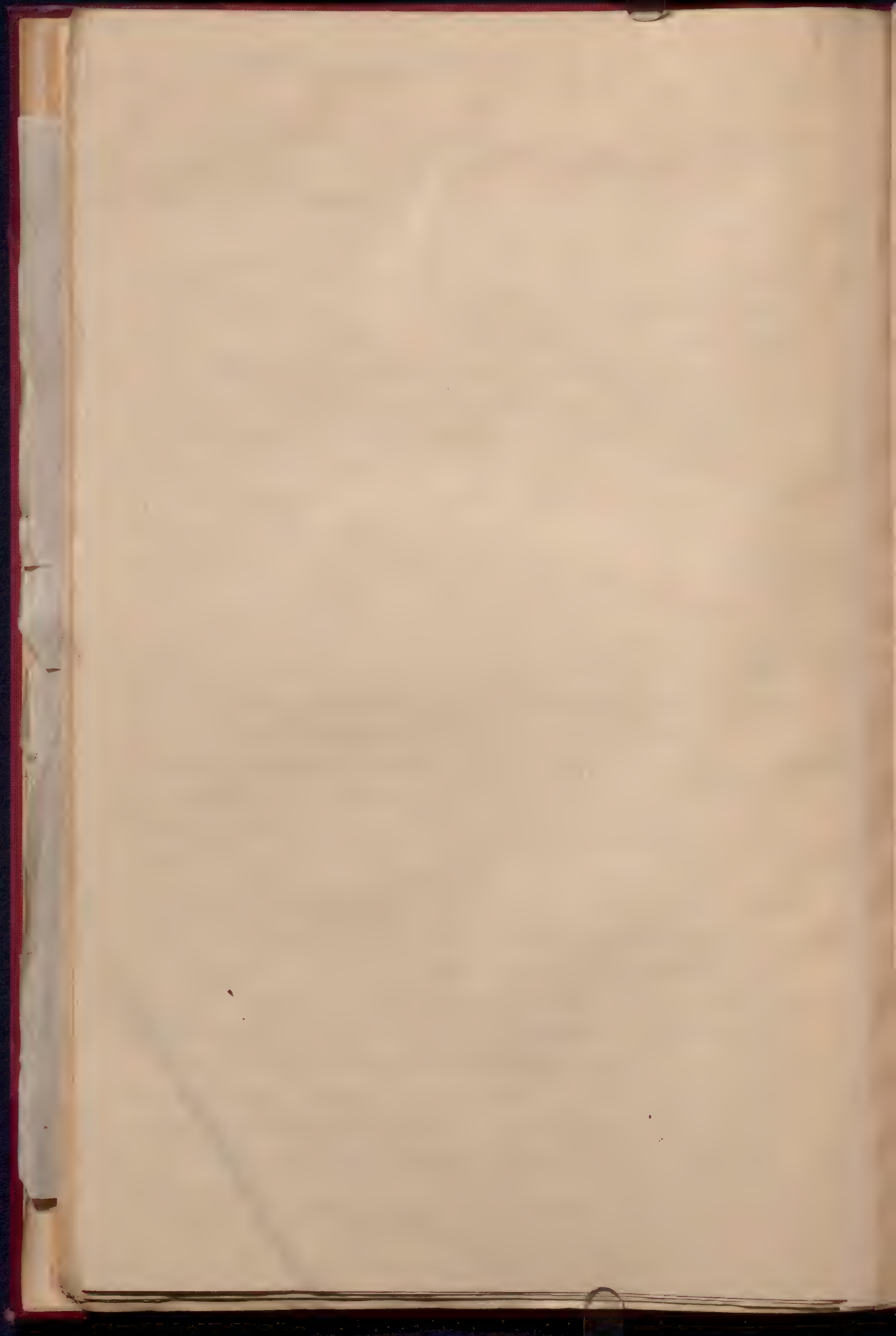
Then in the fourth week he began to improve; the temperature fell and in the evening was usually below 99° . The physical signs



remained the same, though the remarkable tympanic note at the base was less evident.

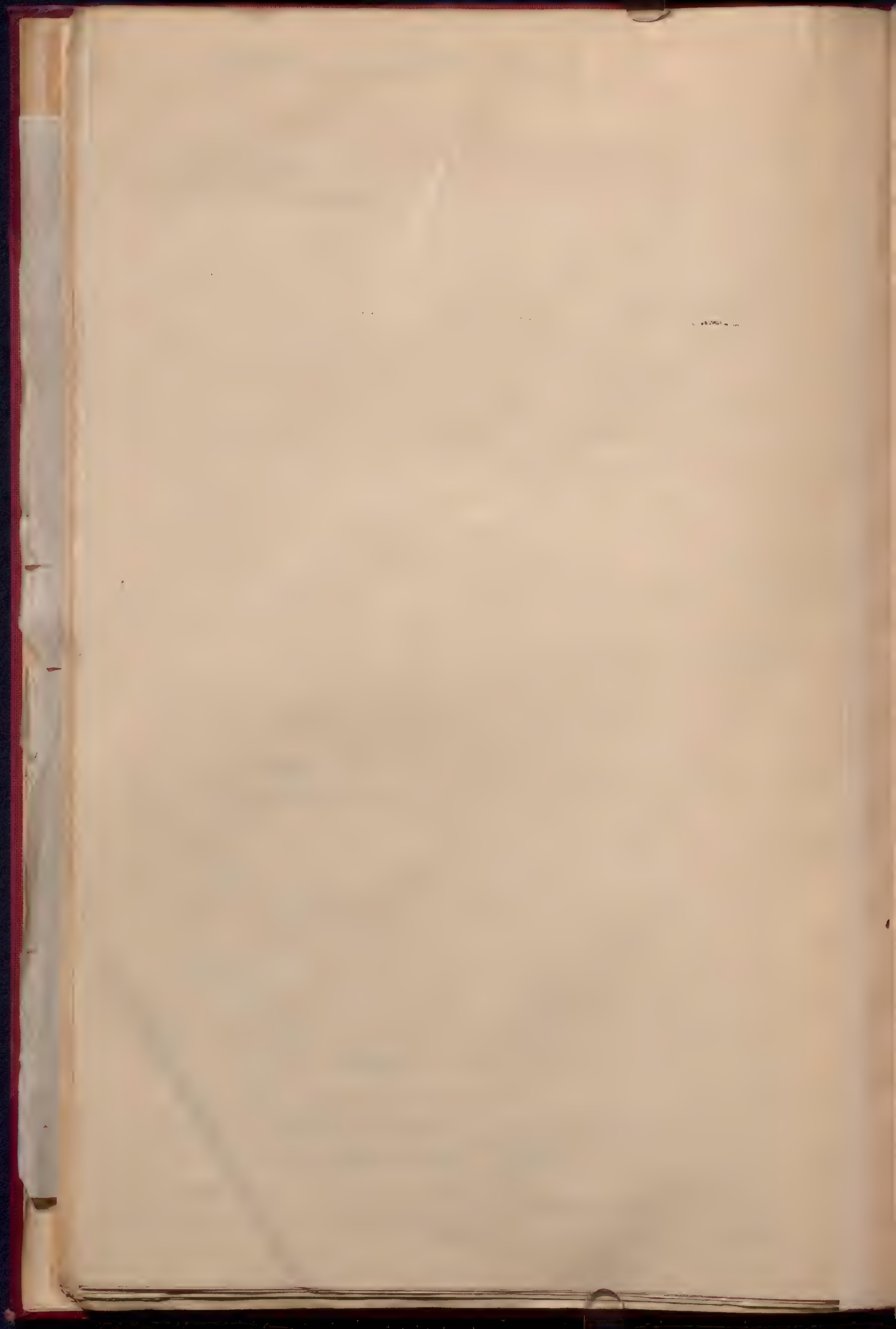
During the 5th and 6th weeks the improvement in the general features continued: the evening temperature was only a little above 100°, and he began to gain in weight. There was a very slight cough; the sputum was scanty, purulent, contained only a few tubercle bacilli and no elastic tissue.

We saw him together last when he was in the 8th week of the illness. He had gained 8 lbs. in weight, looked ever better than on admission, though still pale. The temperature was rarely above 99°, respirations about 24, the pulse about 80. The lad had improved remarkably, but the local condition in the lung persisted. I went over ~~the~~ chest carefully with Dr. Kemp the day before his ^{discharge} went out. The right side scarcely expanded, the intercostal spaces were visible; the right side measured 16 the left 16½ inches, (but he was left-handed). The fremitus was everywhere felt, over the right lung in places much increased. Over the entire right side there was impaired resonance shading from the 4th rib, into flatness which extended over the back, except the vertebral half of the infra-axillary space, in which the resonance was simply impaired. Along the right sternal margin too there was a flat turgor. The breath sounds were bronchial in character, in places intensely so; at the sides and in front dry, at the extreme base with a few râles; In the postero-lateral region intensely amphoric in character suggestive of cavity formation. The fremitus everywhere was of extraordinary intensity. There was thus a singular antithesis between the general and the physical features of the case. The temperature had fallen, he had gained in weight and in strength and yet the physical signs indicated that the greater portion of the right lung was still consolidated. One other point of interest was the fact that at the left apex in front the breath sounds were harsh with a few crepitant râles on deep inspiration.



For the subsequent history we are indebted to Mr. Thompson, under whose care the boy came. He left the hospital on March 10th. For some weeks at home he remained pretty well; his appetite was good and he was able to get about. Then he began to have fever with profuse sweats, losing weight, and all through April he lost ground rapidly. He was still up and about till one day in the last week of April he had a profuse haemorrhage, bringing up very large amounts, so that he was with difficulty put to bed. Then for a month until his death the condition was very remarkable. The cough was troublesome, there was a great deal of expectoration with dirty purulent matter and always blood-stained. For a few days he coughed up bright blood, sometimes as much as a bowlful at a time, so that he became extremely prostrated and anaemic. I saw him about ten days after the bleeding started, and he was very blanched and much prostrated. He died on the 24th May in the 26th week from the onset of the attack. *The condition of the lungs is briefly as follows:-*

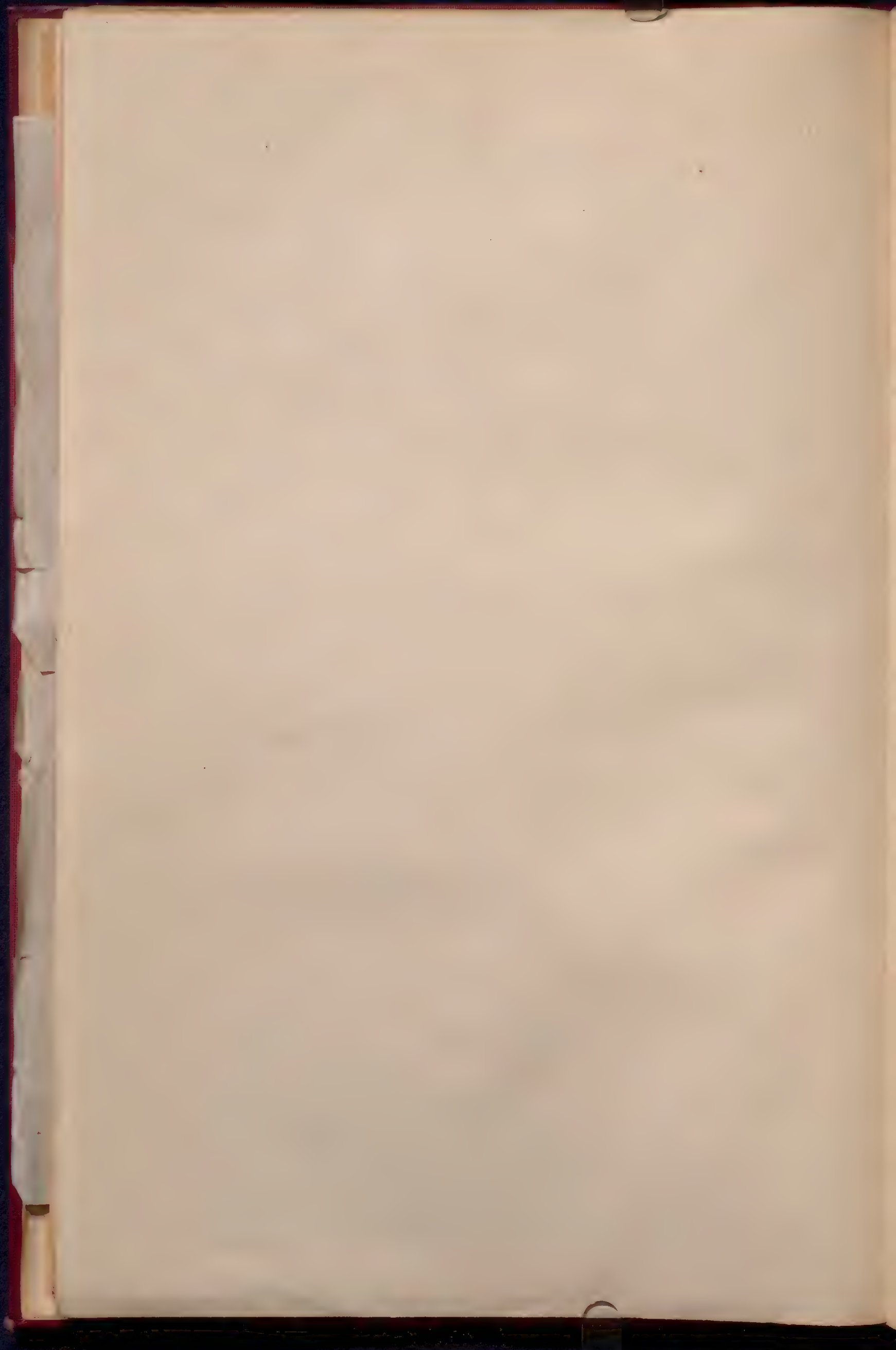
The left lung is large, everywhere crepitant, but shows at the apex a puckering with a small calcified area surrounded by fibrous tissue and near by a caseous nodule the size of a cherry also partially incapsulated and surrounded by numerous small granule tubercles. ~~You can see~~ *a few small scattered nodules are scattered* through the lung, and there are one or two spots of fresh ~~brackish~~ tuberculous broncho-pneumonia. In the right lung the pleural membranes ~~are~~ ^{and} thickened ~~through~~ ^{and} universally ~~adherent~~ ^{adherent}; everywhere the organ is firm, airless, but in the postero-lateral region it feels soft and baggy. Laid open by an incision along the whole length of the lung ~~behind~~ ^{at the postero-lateral region} a cavity, 5 x 3 inches, is opened, filled with blood and large firm clots, some of which are old and firm, partially decolorized and in places laminated; indeed it looks almost as if an aneurism had been cut into. The walls of the cavity ^{in places} are ragged and necrotic, presenting the ends of blood-vessels and bronchial tubes. No open vessel is seen and no aneurism. At the top of the lung is a smaller, also recent cavity with ragged walls. The greater part of the upper lobe,



the whole of the middle, and the part of the lower unoccupied by the cavity are in a state of cheesy infiltration with here and there small areas of softening.

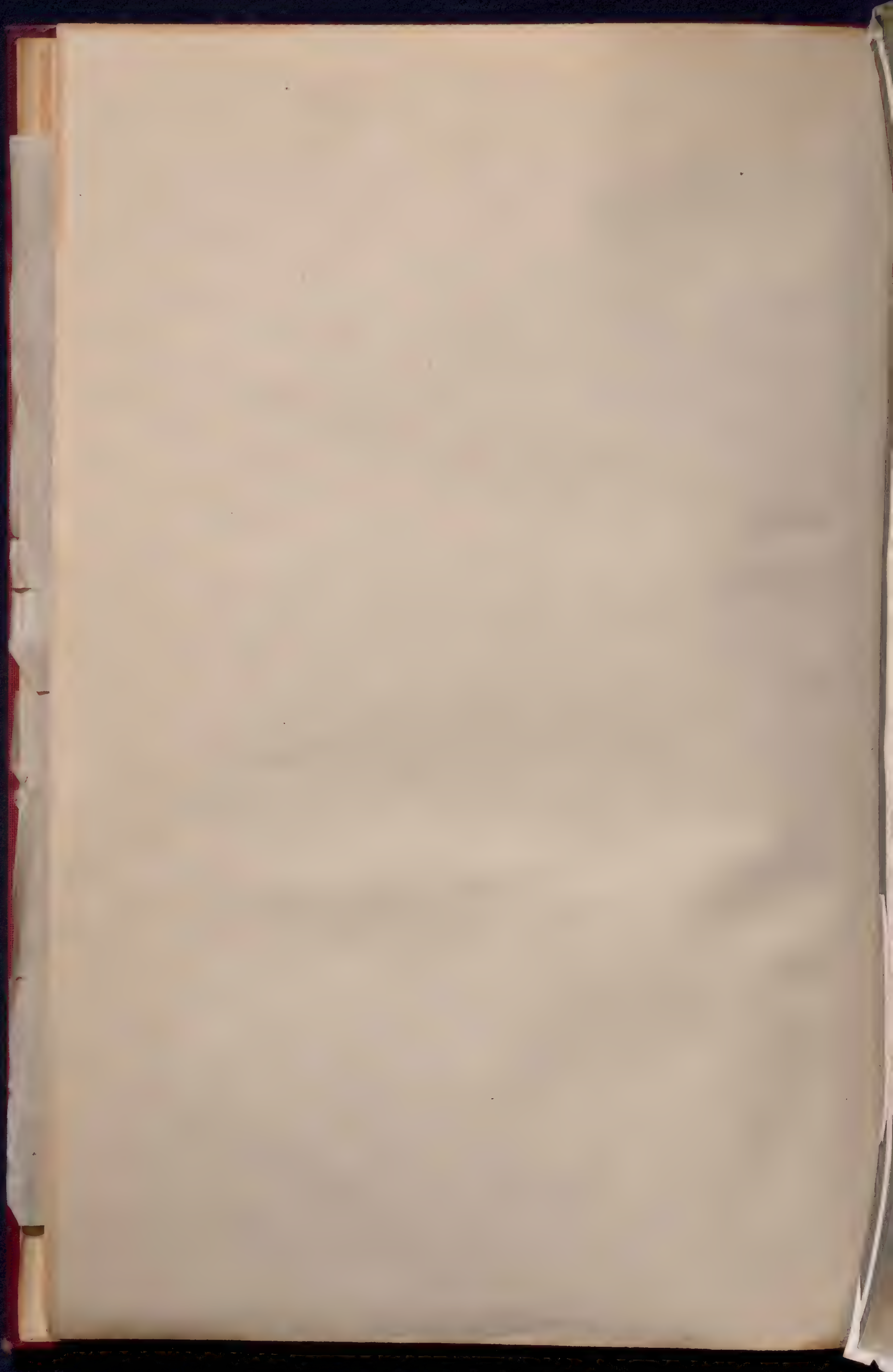
To two points in particular ~~that~~ I would call your attention
 - in the section passing through the anterior portion of the upper
 and middle lobe, ^{The greater portion} ~~the wide spread~~ dry, cheesy condition which in
^{& all the lower unoccupied by the cavity is in} ~~places is uniform, while in other parts,~~ ^{cheesy "state"} ~~near the edges~~ the cheesy
^{but near} areas are separated from each other by a translucent gelatinous
 tissue. The bronchial glands are not enlarged; one or two present
 cheesy tubercles and one is calcified. There was nothing in the
 heart or pericardium, and nothing of moment in the other organs.

11



"Powers of Symmetry" - all covered up!!

21/10/97



Written in 1900.

From the Osler Library, # 7664, "Manuscripts of unpublished papers",
vol. 2, folios 32-50. Photo'd 1937.

by

William Osler, M. D., Professor of Medicine, Johns Hopkins University.

The history of the progress of the human mind is a history of struggle with delusions. Man is indeed ^{it's} a fine piece of work, noble in reason, infinite in faculty, ^{man may be} "in action ^{under} how like an angel, in apprehension ^{another side} how like a god!", but there is an ^{he} obverse to this flattering picture, which makes us feel that even at his best man is a poor, feeble creature, as little fitted, in the words of Johnson, for ~~feeling~~ as for thinking. Compassed without by powers of nature benign and malign, he has tormented himself with gods of his own making--on the one hand ~~stern powers~~, ^{the} malignant dieties, whose sole care is to embitter human life; on the other hand kind gods, who would make perfect man's vain attempts. The great delusions, usually of a religious character, have been of inestimable service in the progress of the race, though they have burnt ~~more~~ martyrs at the stake, and in unholy wars have sent more souls to Hades than plague, pestilence and famine. Of minor delusions life has been full to overflowing; each century and country presents scores for our consideration. In no one particular is man more prone to be deluded than in matters relating to his body, about which to the uneducated--indeed to all--there are subtle mysteries, awakening at once the keenest apprehension and the liveliest wander. ^{Each} Every generation has had its own special medical delusions, some outside, some ^{inside} within our ranks, and they appear to diminish neither in number nor in folly (as the race grows older). ~~Appearing to recur~~ ^{in waves}, they have often a leaven of truth sufficient to keep them alive for a period of years. Even to enumerate them during the present century would take too long. To those of you interested I would refer you to

From Apollonius of Tyana to Mother Eddy, these arch deluders have

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Photo'd for Dr. Fulton, April 1937.

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